

COUNTY OF KAUAI AGENCY ON ELDERLY AFFAIRS

4-Year Area Plan on Aging October 1, 2015 – September 30, 2019

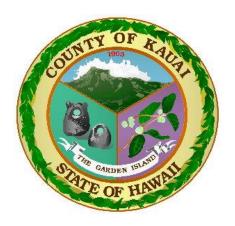


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Exhibit A: Cover Page

FOUR-YEAR AREA PLAN

October 1, 2015- September 30, 2019

for the

Agency on Elderly Affairs

County of Kaua'i, State of Hawaii

As the Planning Service Area 1

in the State of Hawai'i

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Part II. Recommendations

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Part III. Action Plans

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- E. Additional Costs of Providing Services to Rural Areas
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Exhibit C: Verification of Intent

Verification

This Area Plan is submitted for the County of Kauai Agency on Elderly Affairs for the period October 1, 2015 through September 30, 2019.

It includes all assurances and plans to be followed by the County of Kauai Agency on Elderly Affairs under the provisions of the Older Americans Act, as amended to date, during the period identified. The Area Agency on Aging/Aging and Disability Resource Center (AAA/ADRC) identified herein will develop and administer the Area Plan in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the AAA/ADRC agrees to develop a comprehensive and coordinated system of services and to serve as the advocate for older people and persons with a disability in the planning and service area.

The Area Plan has been developed in accordance with the uniform issued by the Executive Office on Aging and is hereby submitted to the State Executive Office on Aging for approval.

9 500 2015	Signed _ Alluma & Takahalla	1
Date	Area Agency Director	-

The AAA/ADRC Advisory Council has had the opportunity to review and comment on the Area Plan.

9/11/2015	Signed Calling Fun
Date	Chairperson AAA/ADRC Advisory Council

The governing body of the AAA/ADRC has reviewed and approved the Area Plan.

Date Signed Mayor, County of Kauai

EXHIBIT D: Executive Summary

Executive Summary

This 4-Year Area Plan on Aging covers the federal funding period of October 1, 2015 — September 30, 2019. It serves as a planning and compliance document which enables the County of Kaua`i to receive federal funds under the Older Americans Act (OAA), through the Administration on Community Living and the State Executive Office on Aging. The plan describes the older adult population on Kaua'i and the approaches to develop a wide-ranging and coordinated system of services to promote the well-being of Kaua'i's older adults.

The Act, established in 1965, has played a critical role in determining our nation's health and long-term care system to help older adults access information and provide opportunities for



2014 Kauai Outstanding Male & Female Older Americans Loren Johnson, Sr. & Marilyn Matsumoto

maintaining their health and well-being in the community. The increasing numbers of those aging in America is creating new challenges and opportunities for our nation's system of care for older adults. The number of older people is increasing rapidly, and those reaching age 65 are living longer than ever before. By 2030, when all the baby boomers will have moved into the ranks of the older population, more than 20 percent of the total population will be over the age of 65 years, with approximately 8.7 million people in the oldest-old age group of 85 years of age and older who will be most in need of long-term support. These shifts in the aging population and increasing numbers will have an overwhelming effect on the nation's system of long-term care.

This plan presents strategies that are focused around principles put forth in the Older Americans Act which forms the basis for the direction over the next four years. It outlines five major issue areas: activities for disease prevention and social engagement; support for caregivers; access to information and care options; in-home and community-based programs and services; personcentered approaches for at-risk older adults; and elder rights and benefits. The plan outlines the overall objectives that will be carried out over the next four years to move toward achievement of the following five goals established by the State Executive Office on Aging:

- Maximizing Opportunities for Seniors to Age Well, Remain Active and Enjoy Quality Lives while Engaging in Their Communities.
- ~ Forging Strategic Partnerships and Alliances that will give Impetus to Meeting Hawaii's Greatest Challenges for the Aging Population.
- ~ Developing a Statewide ADRC System for Kupuna and their Ohana to Access and Receive Long Term Support Services (LTSS) Information and Resources within their Respective Counties.
- Enable People with Disabilities and Older Adults to Live in the Community through the Availability of and Access to Long Term Services and Supports, including Supports for Families and Caregivers.
- ~ Optimize the Health, Safety and Independence of Hawaii's Older Adults.

KAEA has chosen to make efforts to move forward in its systems development:

- $\sqrt{}$ continues to develop its ADRC website where older adults and families can access information;
- √ support integration of a No Wrong Door Model of a statewide ADRC System;
- √ promote and expand the evidence-based disease prevention program, Diabetes Self-Management Program (DSMP), EnhanceFitness physical activity program and the Chronic Disease Self-Management Program (CDSMP), also known as Better Choices, Better Health;
- $\sqrt{}$ explore development of a coalition of transit service providers;
- $\sqrt{}$ working on community collaboration and partnership to demonstrate flexible models for care options that are directed by the older client or consumer.

With this in mind, the KAEA will continue to support Kauai's older adults to "Age Well, Live Well, Kaua'i" and strive to attain the goals and objectives as outlined in this Area Plan over the next 4 years.

EXHIBIT E: Introduction

Orientation to AAA Plan

This Area Plan is a document submitted by the Area Agency on Aging/Aging and Disability Resource Center (AAA/ADRC) to the Executive Office on Aging (EOA) in compliance with the Older Americans Act and for the receipt of subgrants or contracts from the Executive Office on Aging's Title III grant. It contains the Area Agency's strategy for the development and implementation of a comprehensive and coordinated system for long term care in home and community based settings. This system of services is in a manner responsive to the needs and preferences of the older individuals and their family caregivers and in accordance with all federal requirements. The period of time covered by this plan is October 1, 2015 to September 30, 2019.

This plan is made up of five major parts. Part I provides an overview of the older adult population of the County of Kauai and the programs and services available. Part II describes the context in which programs and services are developed. Part III provides specific goals, objectives, and plans for action over the next four years. Part IV summarizes the plan for allocating funds for access, in-home, legal assistance, and community-based services received under Title III of the OAA and State Funds. This section also includes the previous year's expenditures of public funds. Part V reviews the evaluation strategy. The Appendices provide assurances made by the Area Agency on Aging and other pertinent information.

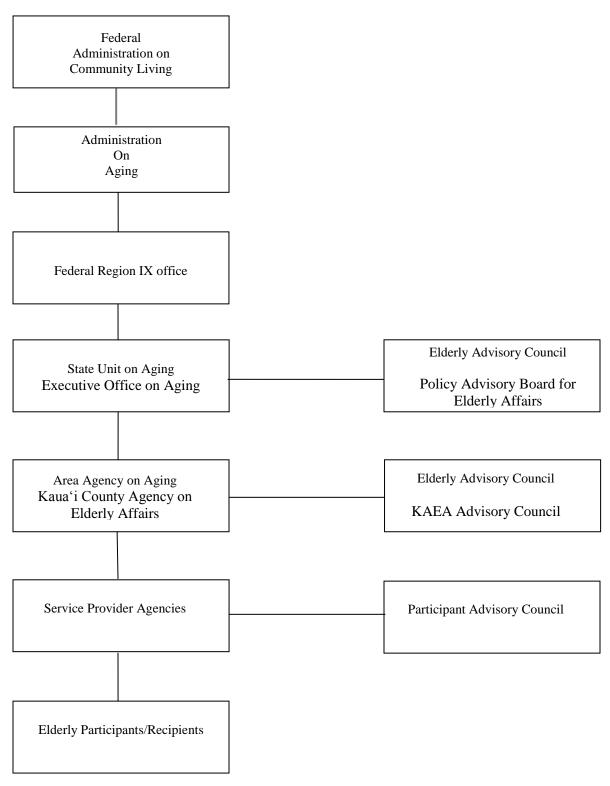


An Overview of the Aging Network

As a result of the Older Americans Act passed by Congress in 1965, a social services and nutrition services program for America's older adults were established. In addition, State and Area Offices on Aging were established and a nationwide "Aging Network" was created. The purpose of this "Network" is to assist older adults to meet their physical, social, mental health, and other needs and to maintain their well-being and independence.

The U.S. Department of Health & Human services created a new organization; the Administration on Community Living heads the Aging Network on the federal level. It is headed by the Administrator who also serves as the Assistant Secretary for Aging and reports directly to the Secretary of Health and Human Services. The Administration on Aging is led by the Assistant Secretary for Aging and it is the agency that awards Title III funds to the states and monitors and assesses state agencies which administer these funds. Chart I illustrates the flow of responsibility from the Federal level, to the State and County levels.

Chart 1 National Aging Network



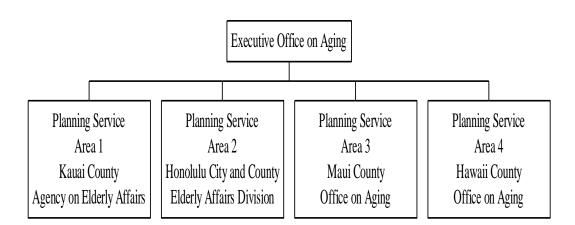
The State Executive Office on Aging, under the State Dept. of Health, is the designated lead agency in the network at the State level. Amendments to the Older Americans Act in the year 2000, requires the Executive Office on Aging to plan for and to offer leadership at both the state and local levels in the coordination of the delivery of access, home, and community services to the older adult population. This Office is responsible for statewide:

- * planning
- * policy and program development
- * advocacy
- * research
- * information and referral
- * coordination of services provided by public and private agencies for our elders and their families.

Chapter 349 of the Hawaii Revised Statutes established the Policy Advisory Board for Elder Affairs (PABEA) which assists by advising on the development and administration of the State Plan and conducting public hearings on the State Plan, by representing the interests of older persons, and by reviewing and commenting on other State plans, budgets and policies which affect older persons.

The Executive Office on Aging has delineated the State into distinct planning and service areas for purposes of planning, development, delivery, and the overall administration of services. The EOA has designated each of the counties of the State -- namely, Kauai, Honolulu, Maui, and Hawaii -- as planning and service areas. Kalawao County on the island of Molokai, currently under the administrative jurisdiction of the State Department of Health, is included in the Maui Planning and Service Area.

Chart 2. State Network on Aging



The Area Agency on Aging (AAA) is the agency designated by the Executive Office on Aging to develop and administer the Area Plan on Aging for the planning and service area.

The County of Kauai Agency on Elderly Affairs (KAEA) is the lead agency in the network for the county planning and service area. As the local AAA, the KAEA shall be the leader relative to all aging issues on behalf of all older persons within the County of Kauai.

Mission of the Area Agency

The Kauai Agency on Elderly Affairs, as the designated lead County agency, plans, implements, supports and advocates for the well-being of Kauai's older adults; and serves as a one stop source of information on long term care support options and services for all residents.

Vision statements of the Area Agency

- ~ Kauai's older adults will live independently at home or in the community with dignity and respect.
- ~ Kauai's family caregivers receive adequate support to care for their older adults.
- ~ Kauai's older adults, persons with disabilities and family caregivers will make informed choices and have streamlined access to long term care support.

Activities of the Area Agency

The Kauai Agency on Elderly Affairs shall proactively carry out, under the leadership and direction of the State Executive Office on Aging, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, grants management, and monitoring and evaluation. These functions are designed to lead to the development and enhancement of a comprehensive and coordinated community-based system in, or serving each community in the planning and service area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

In addition, the Administration on Aging stresses the importance of emergency or disaster preparedness to support and encourage that:

- All individuals, including older and disabled persons, their caregivers, as well as Aging Services Network professionals, develop personal preparedness plans.
- All sectors of the national Aging Services Network and other professionals become full participants in coordinated preparedness and response planning between Federal, State, Tribal, and local governments, as well as the private, voluntary and faith-based sectors.

The KAEA has in place a disaster preparedness plan as well as a Continuity of Operations Plan (COOP) for the County. The COOP provides a framework in which the local government, along with its officials, departments, agencies, offices and other governmental entities can plan and perform their respective functions during a disaster or national emergency.

Staffing of the Area Agency

The Kauai Agency on Elderly Affairs' staff consists of 17 salaried positions, including five (5) Information and Referral (I & R) Community Service Program Assistants who work in designated judicial districts and are involved in providing information and assistance through home visits in the community, and outreach to identify older adults who may be in need of supportive services. The I & R Workers are equipped with laptops and remote equipment when they conduct their home visits to assist older adults and their families in accessing information and introduce them to the ADRC website.

Advisory Council

Each AAA has established an advisory council to provide advice and support to the agency on the planning, development, administration, and operation conducted under the area plan. There are currently 8 active members on the KAEA Advisory Council, representing older adults, local agencies and organizations, and the community-at-large. These members have offered support and advice on the various programs and services of the KAEA at regular meetings or through ad hoc sub-committees to review documents, proposals, and evaluation of services.

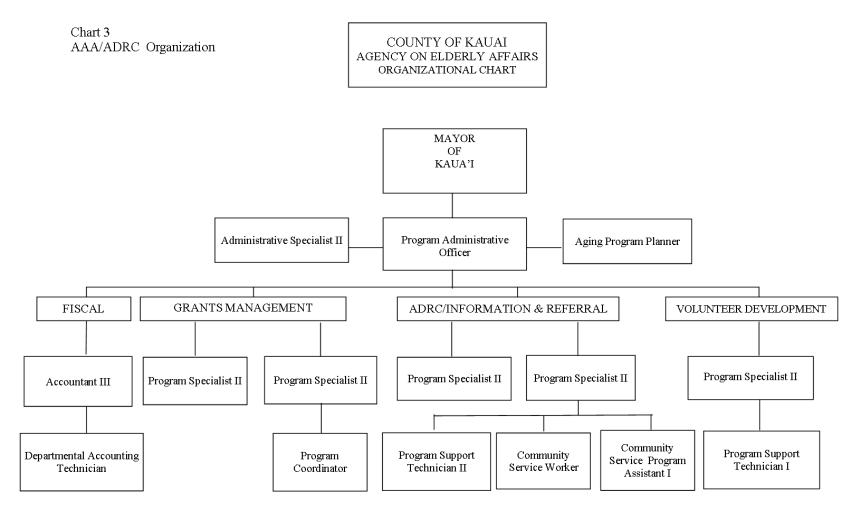
The Advisory Council members also provide support for various activities of the KAEA, which includes the annual Older Americans Recognition event.



Kaua'i Mayor Bernard P. Carvalho, Jr. with the KAEA Advisory Council members

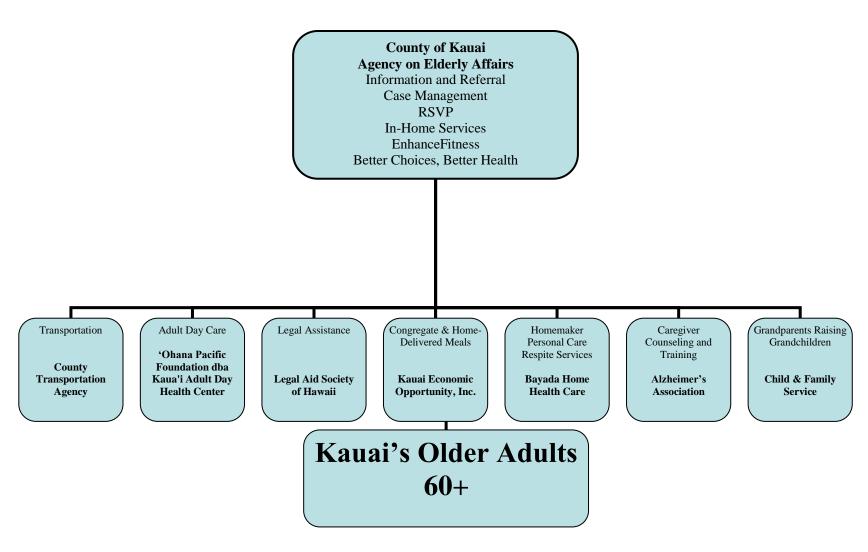
Organizational Structure

The following charts describe the organizational structure of the Area Agency and the local-level network on aging service



Revised 05/2014

Chart 4 Local Level Network on Aging



revised 07/2015

AAA Planning Process

The Agency on Elderly Affairs established a planning timeline and work plan in regards to the planning and development of the Area Plan:

- Planning workshops led by the Executive Office on Aging (EOA) addressed topics such
 as the planning process and data collection and review. The purpose of the workshops
 was for Area Agency staff to plan and complete the required components of the Area
 Plan
- Surveys were planned, coordinated and conducted which were used to gather information from seniors and family caregivers.
- Focus groups were conducted with seniors and key leaders of agencies providing service to the frail and elderly and their caregivers.
- Key Informant Interviews were also conducted with service provider representatives to gather additional information from those intimately involved with the various services.
- Public hearing notices also appeared in The Garden Island and public hearings were scheduled at the three community focal points to provide opportunities for older adults, caregivers, agencies, and the public to offer comments to the Area Plan.

Purpose

The purpose of this planning process was to determine needs of older adults and their caregivers by being inclusive and using a variety of methods to gather information and plan effectively to address a growing older population. Collectively, the process establishes a blueprint and framework in the development of the 4-year Area Plan that outlines appropriate strategies to continue to develop a comprehensive and coordinated system of services for older adults. This system development, focused on aging in place and person-centered, will help older adults live independently in their homes and their communities for as long as possible.

Public Informational Meetings

Notice of public informational meetings were advertised in The Garden Island newspaper on September 13 and September 16, 2015, inviting the public to attend and to comment on the proposed Area Plan on Aging through written or oral testimony. In addition, fliers of the scheduled meetings were also distributed. Meetings were held at the three community focal points:

Tuesday, September 22, 2015 1:00 p.m. – 2:30 p.m. Līhu'e Neighborhood Center 3353 Eono Street, Lihue, Kauai

Thursday, September 24, 2015 1:00 p.m. – 2:30 p.m. Kapaa Neighborhood Center 4491 Kou Street, Kapaa, Kauai Friday, September 25, 2015 1:00 p.m. – 2:30 p.m. Kalaheo Neighborhood Center 4480 Papalina Road, Kalaheo, Kaua'i

The proposed Area Plan was available for review on September 16, 2015 at the KAEA and also by visiting the County of Kaua'i ADRC website at www.kauaiadrc.org.

See Appendix D for attendance of public informational meetings and oral testimony.

EXHIBIT F: PART I. Overview of the Older Adult Population and Existing Programs and Services Overview of Older Adult Population --

Overview of Older Adult Population --Population Profile

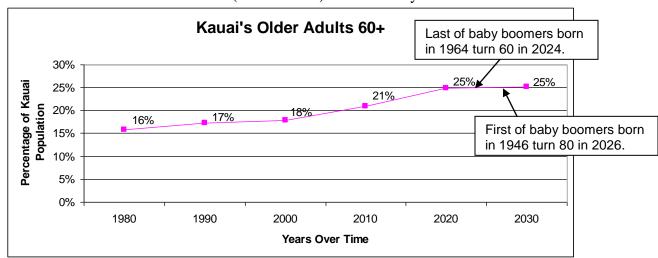
Kaua'i's Older Adults Continue to Increase in Numbers and Proportion

Looking at the population profile in the previous Area Plan (2011-2015), Kaua'i County's number of older adults 60+ has continued to grow at a higher rate since 1980 relative to the county's overall total population growth. Between 2000 and 2010 projections, the numbers and proportion of older adults reached a significant increase of 40.64%, more than 275% the rate of increase of Kaua'i's total population of 14.75%.

		1 1		% Increase in	
		Total	% of total	60 + pop. between	% Increase in total pop.
	60+ pop.	pop.	pop.	decades	between decades
1980	6,125	39,082	15.70%		
1990	8,877	51,177	17.30%	44.93%	30.95%
2000	10,468	58,463	17.90%	17.92%	14.24%
2010	14,723	67,091	21.94%	40.64%	14.75%
2013	17,180	69,512	24.71%		

Source: US Census Bureau, Dept. of Business, Economic Development & Tourism (DBEDT) Kaua'i Area Plan on Aging, 2011 – 2015

The first of the baby boomer generation (those born 1946 through 1964) turned 65 years of age in 2011. Previous projections from Dept. of Business, Economic Development & Tourism indicate that Kaua'i's older adult population will comprise more than 25% of the total population beginning in 2020. The last of the baby boomer generation (born in 1964) will turn 60 by the year 2024 with the first of the boomers (born in 1946) who turn 80 years old in 2026.



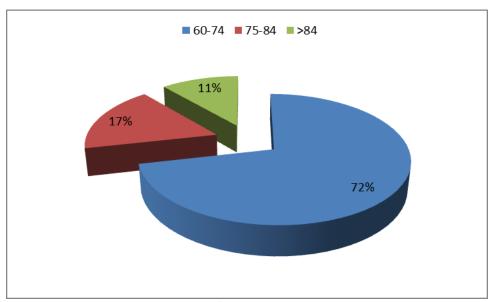
Source: DBEDT, Economic Data & Reports, Population & Economic Projections for the State of Hawai'i to 2030 Kaua'i Area Plan on Aging, 2011 – 2015

According to the 2013
American Community
Survey of the U.S.
Census Bureau, the
County of Kauai has
17,180 older adults
60+, comprising 24.7%
of Kauai's total
population. Of those 60
years and older, those
60-74 comprise the
largest group, followed
by those 75-84. Those
85+ make up 11.2% of
Kauai's older adults.



Photo: Older Americans Month Recognition Ceremony, May, 2015. Nominees (seated) represent the KAEA's efforts to support Kauai's older adults to "Live Well, Age Well".

Kaua'i's older adults 60+							
60-74 75-84 >84 Total							
12,277	2,972	1,931	17,180				
71.5% 17.3% 11.2% 100%							

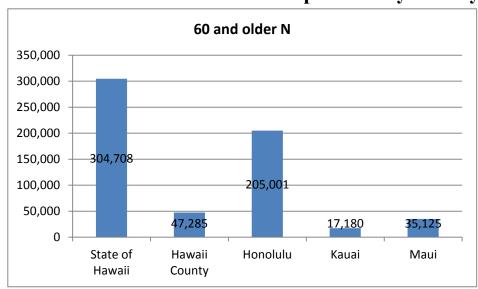


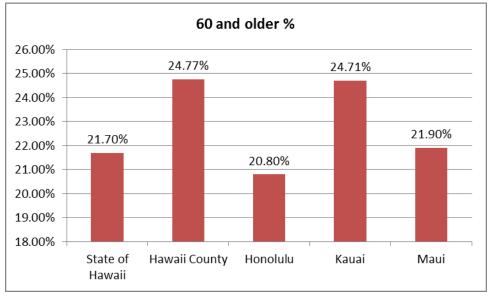
Source: US Census 2010, 2013 estimates

Kaua'i's 60 Population Percentage 2nd Largest in State

Kauai County's percentage of older adults in comparison to the total population ranks the 2nd largest proportion in comparison to the other counties within the State of Hawaii, as shown in the graphs below. This presents opportunities and challenges in planning for the aging of Kauai for the future years and the anticipated increase in the older population.

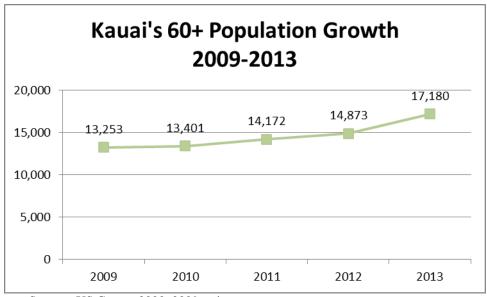
State of Hawaii's Older Adult Population by County





Source: US Census 2010, 2013 estimates

Additionally, data estimates for the period 2009 - 2013 from the American Community Survey show the steady increase of Kauai's 60+ population for the five year period.

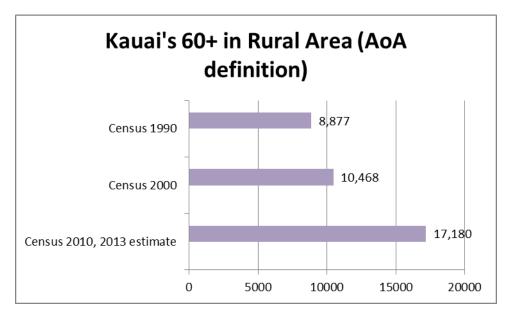


Source: US Census 2000, 2009 estimates;

US Census 2010, 2011, 2012,1 2013 estimates

Kaua'i County - Defined as a Rural Area

The U.S. Administration on Aging (AoA) defines a rural area "as any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000 and (2) an incorporated place or a census designated place with 20,000 or more inhabitants."



Thus, all of Kaua'i's 17,180 elderly live in a designated rural area as defined by the AoA.

Increasing Number Who are Low Income

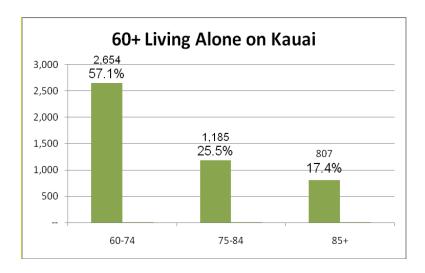
Kaua'i's Older Adult Population Who are Low Income

			% of 60+
	60+ below poverty	60+ population	below poverty
1990			
Census	683	8,601	7.9%
Census			
2000	730	10,455	7%
Census			
2010	1060	14,723	7.2%

Data from the U.S. Census Bureau indicate that the number of older adults who are low income between 2000 and 2010 increased by 31.14%.

Older Adults Living Alone on Kauai

Hawai'i Health Survey data 1 show that an estimated 4,646 older adults on Kaua'i live alone. Over half of that group or 57.1% are 60 - 74 years old, 25.5% between 75 and 84, and 17.4% of those 85 and older still live alone.



Source: Kaua'i Area Plan on Aging 2011–2015 US Census Bureau, Census 2010

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Housing

Occupancy

According to the 2010 U. S. Census, the average household size of Kaua'i's population was 2.84 persons per household. 13,680 were owners and 9,272 were renters for a total of 23,240 occupied housing units. Of these households throughout the island, 5,926 (25.5%) were with head of householders 65 years and older.

Housing Need

DBEDT produced the Hawaii Housing Planning Study (2011) and later, the Kauai Rental Housing Study 2014 Update. These reports are prepared for a consortium of state and county housing agencies. The study identified current housing conditions, presents demographic and economic characteristics of Hawaii's households and measures housing need, demand and preferences.

A comparison of household growth, based on DBEDT 2040 population projections, to housing production, indicated 2,987 dwellings will be needed on Kauai to accommodate future projected household housing need in the year 2020. During the period 2010-2013, 185 units were built, leaving a balance of 2,800 more units outstanding. Additionally, 1,400 dwellings have been accumulated as unmet housing need from 2000. Combined, this indicates a cumulative deficit of 4,244 dwellings needed for Kauai's population in the year 2020.

By taking the demographics of the County and the distribution of the renter households by their income (Area Median Income or AMI), the study translated the **unmet need** into unit counts as shown in the tables below.

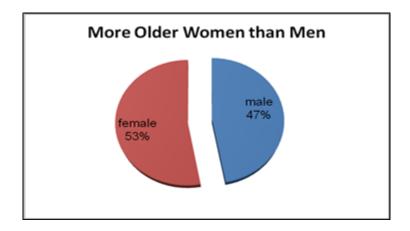
PAST & FUTURE HOUSING NEEDS, PER AREA MEDIAN INCOME

	ı	ALL RENTERS	3		SENIORS 65 years +		
	Backlog	Upcoming	Cumulative		Backlog	Upcoming	Cumulative
AMI	2000-2013	2013-2020	Count	AMI	2000-2013	2013-2020	Count
30%	89	170	259	30%	18	34	52
50%	44	85	129	50%	15	28	42
60%	90	172	262	60%	19	37	57
80%	53	102	155	80%	9	17	269
100%	79	151	230	100%	100% 14		39
120%	58	111	170	120%	7	12	19
140%	47	90	137	140%	6	12	18
Totals	461	881	1342	Totals	87 166		253

In general, addressing affordable housing unmet needs presents a challenge as there are more new homes being produced for households making higher incomes, since it is a more profitable and less risky market segment.

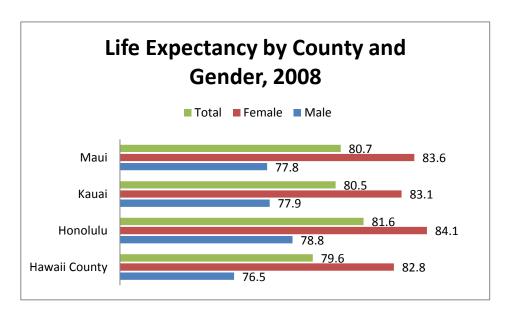
More Older Women Than Men

Current numbers from the Hawai'i Health Survey data indicate that Kaua'i's older female comprise 53% of the older population, with 47% representing the older male. Projections to 2030 indicate that Kaua'i's older female will continue to consistently outnumber the percentage of male older adults.



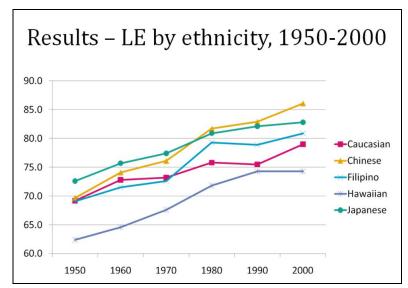
Source: Hawai'i Health Survey, Hawai'i State Dept. of Health, Special Run (2007-2008), February, 2010

Women Live Longer Than Men



Source: Murray, C.J.L., C.M. Michaud, M.T. McKenna, and J.S. Marks, "U.S. Patterns by County and Race: 2965-1994." Harvard Center for Population and Development Studies, 1994; Hawaii Health Information Corporation, *Health Trends in Hawaii*

In the United States, women live longer than men. Women in Kaua'i have a more than five-year longer life expectancy at birth than men. According to the Hawai'i Health Information Corporation, a study done in 2008, as shown in the graph above indicated that the life expectancy for Kaua'i's women was 83.1 years of age, with the life expectancy for Kaua'i's men at 77.9 years of age. The study also showed that the life expectancy by ethnicity in 2000 indicated that the Chinese lived the longest, followed by the Japanese and Filipino. Native Hawaiian had the lowest life expectancy rate.



Source: Hawaii State DBEDT, The State of Hawaii Data Book, A Statistical Abstract

Kaua'i's Diverse Population

Census information and Executive Office on Aging calculations for the previous Area Plan indicated that Kaua'i County's Asian older adults have continued to represent the largest race category for Kaua'i's 60+ since 2000. This group is comprised of Japanese, Filipino, Chinese, Korean and Vietnamese. 2005 calculations in the previous Area Plan showed that the Asian alone group comprised slightly more than half or 51.3% of the older population, with an increase of 7.27% since the year 2000. The White alone group increased 29%, almost 4 times that rate, with 34.7% of the older population. The Native Hawaiian and other Pacific Islander alone was the fourth largest group in 2005 at 5.3% of those 60+.

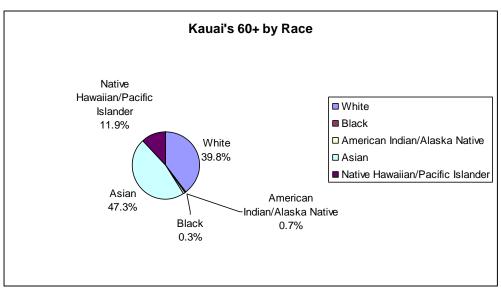
Kaua'i's 60+ By Race								
	20	000	2	005	2	010	20	011
White alone	3,251	31.1%	4193	34.7%	5310	38.5%	5630	39.2%
AIAN alone	15	0.1%	20	0.2%	28	0.2%	31	0.2%
Black alone	20	0.2%	25	0.2%	30	0.2%	31	0.2%
Asian alone	5,777	55.3%	6197	51.3%	6522	47.3%	6666	46.5%
NHPI alone	564	5.4%	643	5.3%	722	5.2%	748	5.2%
Two or more races	829	7.9%	1001	8.3%	1187	8.6%	1244	8.7%

AIAN – Asian Indian or Alaskan Native

NHPI - Native Hawaiian and other Pacific Islander

Source: Kaua'i Area Plan on Aging 2011 – 2015

More recent 2009 calculations by the State Dept. of Business, Economic Development & Tourism (HDBEDT)¹ indicate that the Asian alone group continues to comprise the largest group by race at 47.3% of the older population. This is followed by White at 39.8%, Native Hawaiian and other



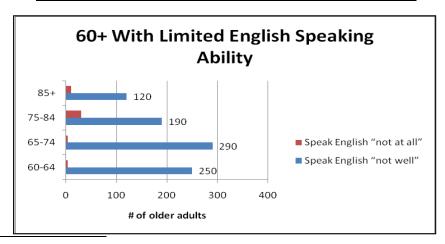
Pacific Islander group being the third largest at 11.9%, and Black comprising .3%.

Older Adults with Limited Ability to Speak English

Administration on Aging, Special Tabulation by the U.S. Census Bureau, show that 850 or 8% of Kaua'i's older population had a language barrier or spoke English "not well" or "not at all", with an additional 1.9% who did not speak English at all.

60+ with Limited Ability to Speak English

	Speak English "not	Speak English "not
60+	well"	at all"
60-64	250	4
65-74	290	4
75-84	190	30
85+	120	10



Source: Kauai Area Plan on Aging, 2011-2015

¹: Population Division, U.S. Census Bureau; produced by the Hawaii State Department of Business, Economic Development & Tourism, release date: 6/10/10

^{2:} US Administration on Aging, Special tabulations from the US Census 2000, 2009 estimates

Kaua'i's Older Adults with Disabilities

According to data from the U.S. Census information for the Administration on Aging, 37.7% of Kaua'i's older adults had a disability, which included sensory and physical disability, self-care disability (not being able to care for oneself), or disability with going outside of the home. Of that:

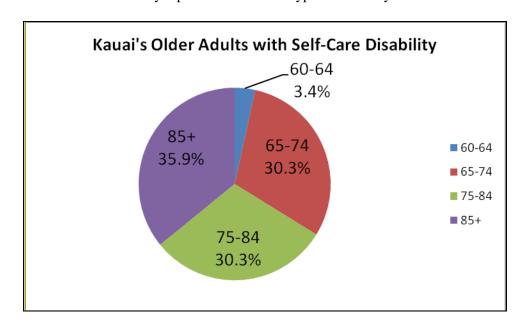
- 58.6% have a physical disability
- 18.4% have a disability to care for oneself
 - 35.9% of those 85+ represents the largest group with a self-care disability, which will impact on services such as personal care, which is help with bathing, dressing, and grooming, and caregiver support services.

Any disability is defined as sensory, physical, learning or remembering, self-care, go outside the home, or employment. Those 60+ with any disability, especially those older adults with a physical or self-care impairment are likely to represent those in greatest social need, with challenges in doing their activities of daily living, such as walking and climbing stairs, in addition to eating, bathing, dressing and going outside of the home independently.

Kaua'i's 60+ with Disability By Age	Total	60-64	65-74	75-84	85+
Any disability	3945	675	1280	1200	790
	37.7% of 60+	17.1%	32.4%	30.4%	20%
Physical disability	2310	330	640	755	585
	22.1% of 60+	14.3%	27.7%	32.7%	25.3%
Self-care disability	725	25	220	220	260
	6.9% of 60+	3.4%	30.3%	30.3%	35.9%
Go-Outside-the-Home	1985	180	625	675	505
	19% of 60+	9.1%	31.5%	34%	25.4%

Source: AoA Special Tabulation on Aging (STP 9), US Census Bureau based on Census 2000 sample information

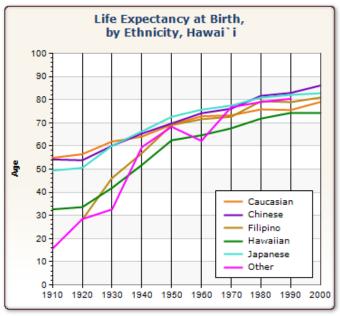
^{*}the figures include those who may report more than one type of disability



Health Status of Kaua'i's Older Adults

According to *Health Trends in Hawaii*¹, the causes of death varies with age. Younger age groups, for example, are influenced more by motor vehicle collisions. The causes of death for older age groups are affected more by <u>chronic diseases</u> and <u>prevention and early detection of some chronic diseases can reduce both mortality and morbidity rates</u>. The top three causes of death (ranked by deaths per 100,000 population) in 2007 for older adults were heart disease, cancer, and stroke.

The study previously mentioned on life expectancy² also showed that by ethnicity in 2000, the Chinese lived the longest, followed by the Japanese and Filipino. Native Hawaiian had the lowest life expectancy rate.



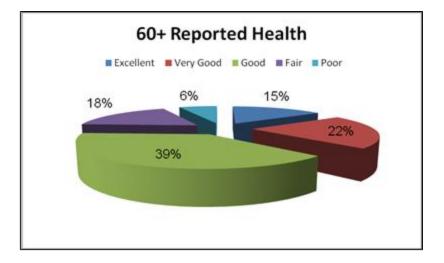
Source Kauai Area Plan on Aging, 2011-2015

^{1:} Hawai'i Health Information Corporation, Health Trends in Hawaii

²: Publication: Park CB, Braun K, Horiuchi B, Tottori C, & Onaka A. Longevity disparities in multiethnic Hawai'i: An analysis of 2000 life tables. *Public Health Reports* 2009;124(4):579-584;

For self-reported health status, the results from the Hawaii Health Survey¹ show that for Kauai's 60+:

- 15% report their health as excellent
- 22% very good
- 39% good
- 18% fair
- 6% fair



60+ Reported Health By Age Groups			
Would you say your health in general is:	60-74	75-84	85+
Excellent	1,588	494	93
	(18%)	(15%)	(5%)
Very Good	2,107	595	380
	(23%)	(18%)	(22%)
Good	3,476	1,119	859
	(38%)	(34%)	(49%)
Fair	1,364	862	285
	(15%)	(27%)	(16%)
Poor	567	205	140
	(6%)	(<mark>6%</mark>)	8%)
Total No. of	9,102	3,275	1,757
Participants	(100%)	(100%)	(100%)

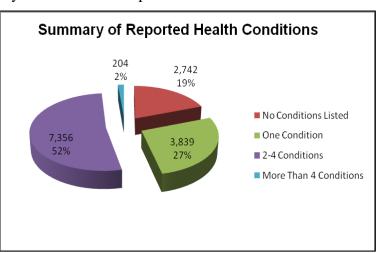
Source: Kauai Area Plan on Aging, 2011-2015

^{1:} Hawaii Health Survey, Hawaii State Dept. of Health, Special Run (2007-2008), February 2010

Findings from a special analysis of BRFSS data for 2005 - 2007¹ for those 60+ also show that:

- 77% participated in physical activity such as running, golf, gardening, walking (in past 30 days)
- 7.2% who were current, daily smokers
- 35.3% who were overweight
- 16.5% who were obese
- 68.7% with flu shot in last 12 months
- 22.7% who were limited in any way because of health problems.

At least 19% of Kaua'i's older adults reported no health conditions, with 27% of Kaua'i's 60+ who reported that they had at least one health condition (ie. diabetes, high blood pressure, arthritis, etc.). The largest percentage or 52% reported that they had 2 – 4 conditions, with 2% who reported more than 4 conditions.



Information from the Injury

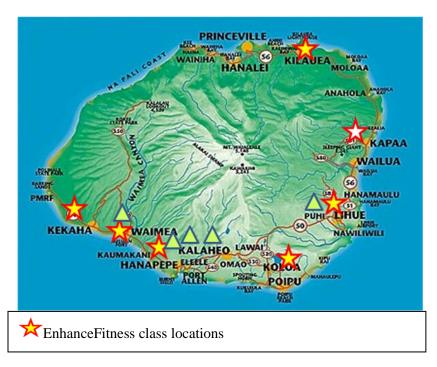
Prevention and Control Program² also show that the leading cause of death due to injury for those 65 and older is from falls. Falls is also the leading cause of hospitalizations among older adults and the rates among 85+ year-olds are 5 times (for emergency doctor visits) to 11 times (for hospitalizations) higher than the rates among 65-69 year-olds.

Source: Kauai Area Plan on Aging, 2011-2015

¹: Behavioral Risk Factor Surveillance System, State of Hawai'I, 2005 – 2007, Analysis by Braun, Kathryn, Ph.D.

²: Galanis, Dan, Ph.D., Injury Prevention and Control Program, Hawai'i State Dept. of Health, 2010

To address the health status of Kaua'i's older adults, the KAEA, in 2003, with the support of local agencies and individuals, launched the Healthy Aging Project. With funding from the Administration on Aging through the Executive Office on Aging and the support of Kaua'i's Healthy Aging Project partners, the evidence-based, disease prevention programs, Better Choices Better Health workshops and EnhanceFitness physical activities classes are being offered. These evidence-based programs have been researched tested, and studied, and have been proven to be effective.



EnhanceFitness offers 9 one hour classes provided 3 times a week throughout the community and help to address the physical strength and abilities of Kaua'i's older adults. The program is designed to address balance, which is very important in the prevention of falls in older adults, and cardio, strength, flexibility. From the inception of the program in 2007 through May 2015, 273 older adults participated in the program.

- 91% self-reported that their health was good or better
- 91% responded they improved or maintained their physical activity during the week
- 97% improved or maintained in fall prevention
- 99% did not require medical care after a fall



Source¹: Braun, Kathryn, DrPH, and Tomioka, Michiyo, PhD, University of Hawaii, Hawaii's Healthy Aging Project evaluation, 2015



DSMP workshop participants learn to manage their health through a 6-week workshop by goal setting, nutrition and exercise.

The Chronic Disease Self-Management Program (CDSMP), also known as *Better Choices*, *Better Health (BCBH)*, another evidence-based program, was implemented in 2009. BCBH offers 6-week workshops to help Kaua'i's older adults to better manage their health and chronic disease through goal setting and action planning.

Since the inception of the BCBH program, KAEA conducted 20 workshops¹ with a total of 187 participants (167 older adults 60± years, 13 adults under 60 years old and 7 adults missing information). In 2012, KAEA introduced the Diabetes Self-Management Program (DSMP). 5 DSMP workshops have been conducted with a total of 38 older adults 60± years, 10 adults under 60 years old and 6 adults missing information).

	BCBH	DSMP
# Workshops	20	5
Total Participants	187	54
60± years Older Adults	167	38
< 60 years Adults	13	10
Adults Missing Info	7	6

- 152 CDSMP participants completed the workshops (82%)
 - o 44% reported increase in strength
 - o 54% reported reduction in fatigue
 - o 58% reported increase in coping with symptoms
- 41 DSMP participants completed the workshops (76%)
 - o 42% reported increase in strength
 - o 30% reported reduction in hyperglycemia
 - o 30% reported reduction in hypoglycemia
 - o 64% reported increase in coping with symptoms

Source¹: Braun, Kathryn, DrPH, and Tomioka, Michiyo, PhD, University of Hawaii, Hawaii's Healthy Aging Project evaluation, 2015

Volunteerism Among Kaua'i's Older Adults - A Valuable Resource

The Kauai RSVP Program is the only program within the County of Kauai with a core of hundreds of experienced volunteers and a long term history and track record of experience on volunteerism since 1973. This grantee/grantor has progressed over the years into a well-developed partnership, which enhances elderly services through volunteer services and demonstrates that it has provided the service effectively and efficiently. This enhancement of elderly services is expected to increase as program changes at the Corporation for National & Community Services are streamlining the focus areas for RSVP volunteers to provide greater impact on the areas of greatest community need. The new focus areas are Healthy Futures, Education, Veterans and Military Families, Environmental Stewardship, Economic Opportunities and Disaster Services.

377 of Kaua'i's adults 55 and older are contributing their time through RSVP. Within a one year period, they contributed 31,554 hours to address needs of the community. In the years to come, engaging our older adults in meaningful volunteer work to meet the growing needs will continue to be a valuable asset and resource. With the growing numbers of baby boomers, there will be an increasing and rich pool of talent and skills that can complement the service delivery of public and private, non-profit organizations on Kaua'i.

Family Caregiving in Hawai'i

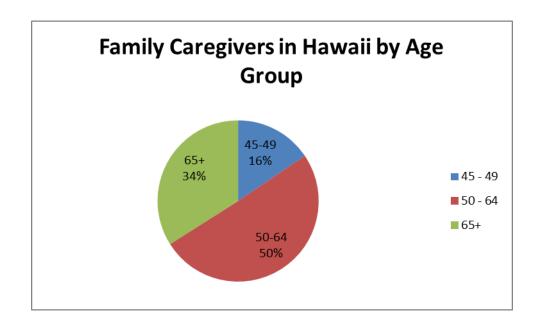
Family caregivers are those individuals who provide regular care or assistance, unpaid, to a family member or friend who is 60 years of age or older. Facts from the National Family Caregivers Association outline that:

• The value of the services family caregivers provide for older adults, is estimated to be \$375 billion a year. That is almost twice as much as is actually spent on homecare and nursing home services combined, estimated at \$158 billion. (Evercare Survey of the Economic Downturn and Its Impact on Family Caregiving; National Alliance for Caregiving and Evercare. March 2009) Approximately 66% of family caregivers are women. More than 37% have children or grandchildren under 18 years old living with them. (Caregiving in the United States;

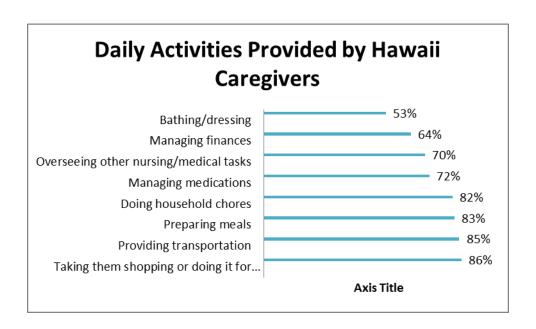
National Alliance for Caregiving in collaboration with AARP. November 2009) Among caregivers age 50-64 years old, an estimated 60% are working full or part-time.

According to the 2014 AARP Caregiving Survey: Opinions and Experiences of Hawaii Registered Voters Age 45 and Older:

- 52% of the survey participants were female caregivers, 48% were male;
- 16% of caregivers are 45-49 years old, most are between the ages of 50-64 years old (52%), and 35% are 65 years and older;
- Most of Hawaii's caregivers are employed full time (43%), followed by 35% retired, 13% employed part-time and 3% unemployed.



The survey¹ also indicated that 69% of family caregivers are married and 51% have a Bachelor's degree in education.



Most of the types of daily activities provided by caregivers are taking their loved one shopping or shopping for them, followed by transportation, and preparing meals. 53% provide personal care or help with bathing and dressing.

Many Hawaii caregivers age 45+ report having felt emotionally and financially stressed as well as not being able to take care of their needs and the needs of their other family members.

Source¹: 2014 AARP Caregiving Survey: Opinions and Experiences of Hawaii Registered Voters Age 45 and Older

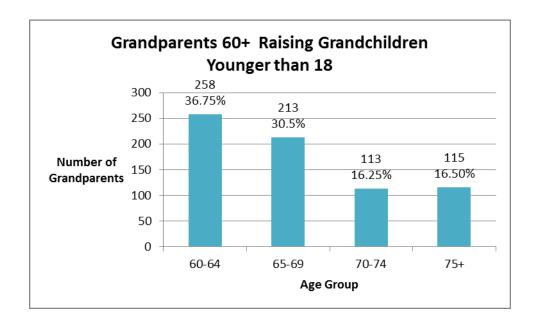
32

- At least half of Hawaii caregivers report having felt emotionally stressed in general (63%) and stressed in trying to balance their work and family (51%0 as well as having found it difficult to get enough rest (50%).
- About two in five say they have found it difficult to exercise regularly (42%) and take care of their household (39%).
- A plurality also report having experienced health problems (29%), difficulty in keeping a healthy diet (28%), felt financially stressed (27%) and difficulty finding time to visit their doctor (20%)

More Grandparents Raising Grandchildren

There is a growing demographic trend within the State of Hawai'i with more grandparents 60 years and older who are raising grandchildren under the age of 18. According to Census information, there are 56,434 grandparents living with their own grandchildren. Of these, nearly 1 in 5 or 11,692 are responsible for the grandchildren.

There is an estimated 699 grandparents raising grandchildren on Kaua'i of which: 36.75% are 60-64 years, 30.50% are 65-69 years, 16.25% are 70-74 years and 16.50% are 75 years and older. It is also estimated that 557 of these grandparents are grandmothers.



Source: U.S. Census, 2013 Estimates

IMPLICATIONS

"Planning for the Aging of Kaua'i" presents a number of opportunities and challenges over the next four years and beyond. Living in a rural community where available resources can pose a challenge and may limit options for older adults to live independently, KAEA is a personcentered approach to providing services to Kaua'i's older adults. Further empowerment to the older adults have choices and options for their plan of care will be demonstrated in this 4-year Area Plan.

Kaua'i County's percentage of older adults in comparison to the total population represents one of the largest proportion in the State of Hawai'i. With the anticipated increase in the older population, we are challenged to have adequate resources to provide home and community-based services to those older adults who need assistance to manage their care, with the workforce and capacity necessary to keep up with the growing needs of our seniors.

With the steady increase in the number of older adults 60+ and with special attention to those 85+ due to the increase in longevity, it is essential that Kaua'i prepare its infrastructure and capacity to not only enable Kaua'i's older adults to remain independent and be able to "age in place", but to promote aging well and making communities a healthy and safe place to grow old.

Those seniors who have limited English proficiency will need support and assistance to access information and services. Continued outreach efforts to provide one-to-one contact with information on available services or assistance will be important to assist those who may not have the ability or capacity to access services on their own.

Healthy aging and evidence-based disease prevention programs and activities will continue to be critical in the coming years to keep Kaua'i's seniors healthy and strong for as long as possible. These programs have a proven track record of effectiveness on Kaua'i and older adults have expressed the importance of maintaining healthy lifestyles. Living well and aging well is foremost. In addition, volunteerism and social engagement will be strengthened with the baby boomers wanting meaningful opportunities to continue to be active in the community.

Support for caregivers as they provide a range of care to their loved ones will be essential. Adequate support will include respite and in-home supportive services, caregiver education and training, and counseling/support groups. Increasing support for grandparents raising grandchildren will need to be addressed as they experience financial, physical, and emotional challenges, particularly when they take on that role due to unexpected events in the lives of the grandchildren, such as drug problems or incarceration of the parents.

EXHIBIT G: Overview of the Older Adult Population -- Issues and Areas of Concern



"PLANNING FOR THE AGING OF KAUAI: CHALLENGES AND OPPORTUNITIES"

Introduction

The County of Kauai Agency on Elderly Affairs (KAEA) planned and coordinated a planning process to identify and determine the issues, concerns, and needs of Kauai's older adults. The process incorporated a variety of needs assessment methods to obtain input from seniors, caregivers, boomers, and agencies who serve older adults. These methods included:

- Focus groups with RSVP volunteers and seniors and key leaders from service providers and community agencies/organizations.
- Key Informant Interviews with KAEA service providers
- Surveys to seniors and caregivers
- Community awareness/opportunity for public comment through The Garden Island newspaper

The results helped the KAEA in shaping the Area Plan in identifying current and future (anticipated) needs of Kauai's older adult population and creative solutions or recommendations on how to realistically address some of the identified needs in supporting seniors to "Live Well and Age Well".

Focus groups

Focus groups are a method of collecting data or information from a small group of "like" people. The intent is to learn about their perceptions, beliefs, and practices about a topic, and how to change these perceptions, beliefs and practices.

KAEA coordinated a meeting with RSVP volunteers and seniors. A separate meeting was held with key leaders from service providers and agencies to the seniors of the Kauai community. These providers and agencies represented were the Kauai Adult Day Health, the Healthy Aging Partnership, AARP, the Alzheimer's Association, County of Kauai Department of Parks & Recreation Seniors Program and the State of Hawaii Department of Human Services Adult Protection and Community Services.

Table 1. Focus Groups Conducted/Dates

Group	Date	# participants
RSVP Volunteers and seniors	Sept. 3, 2015	5
Service providers and community agencies/organizations	Sept. 9, 2015	6

35



Focus group of key leaders from service providers and community agencies.

Key Informant Interviews

Key Informant Interviews are one-on-one interviews with individuals who have knowledge and experience about the topic because they work, volunteer or are leaders in the field of aging. Interviews were held with key staff and leaders of the following agencies and organizations:

Table 2. Key Informant Interviews

KEY INFORMANT	SERVICES PROVIDED TO OLDER ADULTS	
KAEA Case Management Program	Assists frail elders and their families with care	
	planning and options to support living at home	
County Transportation Agency	Provides paratransit (door-to-door) and Kupuna	
	Care (with assistance) transportation for individuals	
	60 years and older.	
Alzheimer's Association	Assists with caregiver counseling, training, and	
	support groups for caregivers. Sponsors a Dementia	
	Clinic.	
Child and Family Service	Provides limited case management, training,	
	monthly support groups for Ohana (Family)	
	Caregivers and families.	
Healthy Aging Partnership	Collaborates and supports Healthy Aging	
	initiatives, which includes EnhanceFitness and	
	Better Choices, Better Health (BCBH).	
Easter Seals Hawaii	Supports the developmentally disabled and elderly	
	by providing recreational and therapeutic services	
	during the day in a protective and supportive	
	environment.	
Kauai County Housing Agency	Administrator of the HUD Housing Choice	
	Voucher Program to assist the elderly and persons	
	with a disability to afford a decent, safe and	
	sanitary housing in the private market.	
Bayada Home Health Care	Assists with in-home services – personal care,	
	homemaker and meals preparation, and respite	
	(temporary relief for caregivers).	
Legal Aid Society of Hawaii	Provides legal assistance and education.	

Surveys

Surveys were conducted with seniors and caregivers in the community, along with surveys with service providers, special interest community groups, volunteer advisory board members.

Common themes and major comments expressed from needs assessment

While there were numerous comments provided through the variety of methods used, this section on Issues and Concerns discusses the major comments and themes expressed from the focus groups, interviews, and surveys.



Major challenges faced by seniors 60+ on Kaua`i and persons with disabilities

Table 3. Challenges Faced by Seniors

Table 5. Chancinges Faced by Schiots				
Transportation issues – access to service, limited operating hours, long rides and				
affordable options				
Limited finances and income				
Available and affordable home and community-based/long term care services				
Concerns for families with elder and family (grandchildren) caregiving				
Limited activities for seniors				
Loneliness, depression				
Access to information and resources available				

> <u>Transportation</u>

- Lack of affordable and accessible transportation options and alternate modes such as accessible taxis and a mobile van for those unable to ride the bus; impacts access to health care services;
- Limits on transportation schedules, including weekends and holidays, long duration on travel, wait time; more rest stops; expand routes and times of service (later hours); awareness about paratransit services and eligibility requirements;
- Losing driving privileges means losing independence.

> Limited finances and income

- Fixed limited income for some leads to lack of funds for medications; lack of assistance/supplementation for medication;
- Seniors are supplementing the high cost of raising a family for their children and their families; provide better future for the family;
- High cost of long term care services and nursing home placement are unaffordable;
- Potential reductions in Social Security benefits, but increase in Medicare premium.

> Available and affordable home and community-based/long term care services

- Access funding from grants, government, donations; lack of agencies to provide services; create an annual fund raising event, proceeds to help fund home and community-based services;
- Limited volunteer assistance with Activities of Daily Living and basic needs to support seniors;

- Concern about workforce shortage for organizations/agencies providing these services;
- With the increase in longevity, how will we provide for our elders needs for services, sheltering; high cost of long-term care facilities, assisted living

Concerns for Families with Elder and Family (Grandchildren) Caregiving

- Seniors are living longer and do not have family members to assist them with basic needs; increased long distance caregiving for families who live off island;
- Education workshops and training for hands-on care techniques, future financial planning, end of life concerns, legal matters;
- Managing time between caregiving for the elderly and children/grandchildren;
- Access to information and resources available.

Table 4: Challenges of caregivers for older adults

Accepting the disability or declining health of loved one being cared for
Having children and/or other family members to take care of
Finance challenges
Nursing home placement
Reluctance to accept services
Legal issues
Family conflict and other family members not helping out



• **Grandparents raising grandchildren** shared that they assumed the role of caregivers because of an unstable environment for children due to substance abuse, CPS involvement, homelessness, incarceration (of the parents). They expressed that they did it out of love for their grandchildren and a desire to keep family together. They shared the following concerns and issues:

Table 5: Challenges of Grandparents Raising Grandchildren

Table 3. Chancinges of Grandparents Raising Grandennuren
Finances are limited in retirement years
Concern for their own health, not enough time and energy; no respite or ability to take a break
Going back to raising children in their elder years
Dealing with behavioral challenges, including children's anger
Having children and grandchildren with special needs
Dealing with homework, activities for grandchildren

Limited activities for seniors

- Education workshops for nutrition, managing health concerns such as geriatric diseases and dementia, hands-on care techniques, legal matters;
- More classes and locations for exercise programs and physical activities such as EnhanceFitness and tai chi for seniors to address physical health and limitations;

▶ Loneliness, depression

- Concern for seniors experiencing depression, loneliness, loss of companionship, isolation when dealing with loss of a loved one, spouse;
- Preservation of self-worth, dignity, values as longevity increases.

> Access to information and services

 Seniors don't know how to access information; people need to learn how to access services;



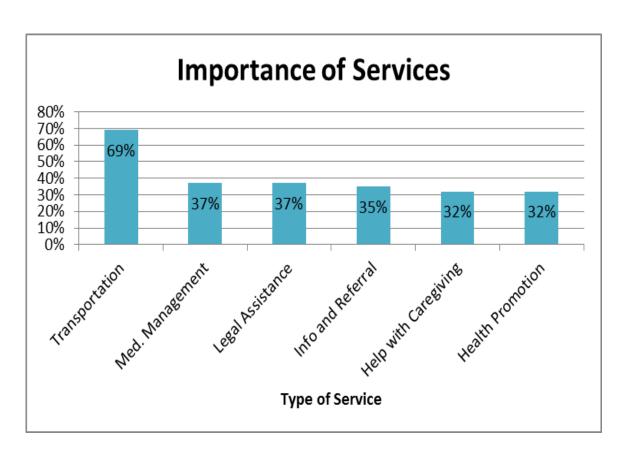
County of Kauai
Agency on Elderly Affairs
AGING AND DISABILITY RESOURCE CENTER



- Many seniors don't have computers to access the ADRC website and need to learn how to use computers;
- Limited number of organizations/agencies providing home and community-based services on Kauai.

Surveys respondents (older adults, clients, and caregivers responding on behalf of clients) were asked to rate the importance of services. Combined results indicated that:

- 69% said transportation was very important;
- 37% indicated medication management was important;
- 37% indicated legal assistance was important;
- 35% information and referral;
- 32% help with caregiving; and
- 32% health promotion activities.





Ideas or possible opportunities for the community to support older adults and help to address some of the needs and challenges

Table 6. Ideas or opportunities to address some of the needs and challenges

Educate families and community; public awareness
Promote civic engagement and community involvement
Encourage long term care planning and options
Increased coordination and collaboration with community agencies
Seek other funding opportunities

- Need for education and awareness on available resources:
 - Publicize services through a campaign to inform public of all resources available; more radio publicity, community cable channel announcements, restore senior calendar in local newspaper;
 - o 1 website with all information in a professional clear way; look at grant opportunities for media campaign;
 - Access to educational materials;
- Recruit RSVP volunteers, Share the Care volunteers to help reduce caregiver burnout, handyman services
- Provide educational workshops on future financial planning, preparation, financial awareness; long-term care planning, housing needs, health promotion; legal matters;
- Provide education on caregiving for the elderly, who will provide care, comfort; initiate a caregivers' conference day with workshops, training, resources available;
- Provide language access to individuals with limited English proficiency.;
- Seek grant opportunities; create fund-raising event that all proceeds go to KAEA for services.

Table 7: SUPPORT TO HELP CAREGIVERS OF OLDER ADULTS

Support groups to share concerns and practical ideas; faith-based support groups
Educational workshops and training
Counseling and having someone to talk to
Information on legal issues and community resources
Family dynamics, roles, and how to manage conflict among family members
Hands-on techniques, ie. bathing, transferring, proper use of medical equipment
Financial planning for the future

Table 8: SUPPORT TO HELP GRANDPARENTS RAISING GRANDCHILDREN

Financial support and funding to help with school and enrichment activities

Assistance with navigating through system of services and increased awareness of programs and services



Unmet needs of seniors and persons with disabilities

Adequate and affordable home and community-based services

- Home and community based services should be more affordable; give options to choose services; community cohort as informal case manager;
- Insufficient nutrition, lack of accommodations for specialized HD meals due to dietary restrictions, allergies; health promotion workshops;
- Psycho-social services not covered by insurance; need for more Mental Health case management services on island; need for in-home Mental Health services for the homebound individuals;
- Need for services such as medication management, financial management and planning/preparation; low cost vendor to do financial management for bill payments, etc;
- Need more interesting activities, including diverse exercise programs and culture-based classes;
- Assistance with personal care cost from private providers is expensive, lack of staffing and need adequate screening/background checks of caregivers; community cohort
- Affordable housing need for housing for disabled persons/homeless; need for elderly housing projects; HUD more attractive to landlords/increase available vouchers;



Perspectives on the role of government in helping older adults and family caregivers

Role of government

- Act as a safety net and provide oversight and regulations for setting standards for senior services/care; a facilitator;
- Develop broad range policies;
- Foster interagency partnerships and explore linkages to seniors through clubs, groups, and other organizations;
- Provide a seamless access to services and sharing resources; act as a middle person/lifeline; remove barriers for persons with disabilities;
- Keep up and increase social security and medical benefits.

What more should government do?

- Provide incentives for legitimate caregiving and retrofitting of homes;
- Have programs on long term care/financial planning;
- Look at available long term care options, including having available long term care beds and residential adult care homes, examine cost of guardianship;
- Provide language translation on documents, flyers, website;
- Get more funding/stimulus monies; No decrease of funding for community based long term care programs and services;
- Provide more opportunities for equal access to resources for neighboring islands;

• Be aware of caregivers' (grandparents raising grandchildren) needs and make exceptions to programs, ie. allow registration or enrollment for programs for non-working caregivers.



COMMENTS FROM KEY INFORMANTS (SERVICE PROVIDERS)

One on one interviews with service providers (those agencies and organizations providing direct services to older adults) suggested issues and concerns at a more administrative or operational level because of their intimate knowledge and experience in providing services. Their comments also supported many of the comments expressed by older adults and families during the focus groups and surveys, as presented earlier in this discussion.

Table 9: Issues and Concerns of current services as expressed by providers of services

Need more public awareness of programs, services and resources available in the community. Provide public announcements on cable channels, community interest channels, radio, senior calendars in the local newspaper, publications and websites.

Re-evaluate qualifications for paratransit (transportation) services to increase efficiency of service; there's increasing population of $60 \pm \text{year}$ olds still active in the workforce and fully functional. Explore providing more options of transportation to move seniors and offer incentives. Restructuring fixed routes, increasing bus stops and increasing bus/equipment force are being examined.

Increase partnering and collaboration to include doctors, hospitals, pharmacists, emergency services for new initiatives/programs.

Explore expansion of services to accommodate the home-bound and isolated communities.

In raising children in today's world, grandparents experience additional stress due to health conditions, age and limited resources. These grandparents would benefit from respite opportunities, additional parenting skills training and tutoring for the school age children.

Suggestions for program expansion based on needs identified:

- Increase frequency of homemaker service need at least weekly service, kitchen becomes breeding ground for roaches, ants, bugs. Provide services to those that don't have a family/personal advocate;
- Integration and inclusion of people with disabilities.
- Expand in-home services to include flu shots for the frail and home-bound elderly; flu clinics at isolated sites in the community; simple legal document assistance for the frail and home-bound elderly and at isolated sites in the community;
 - o Increase respite support to allow caregivers opportunities to attend activities that include educational workshops, social activities or events. Extend Adult Day Care on weekends and evenings. Caregivers report that they would like to attend different activities and don't have the funds to have someone else to come in

Increased funding

- More program funding to help grandparents on limited incomes who are raising grandchildren for the children's education, specialized tutoring, and community sports and recreational fees etc.:
- Increase funding to provide an adequate frequency of in-home services.
- Organizations need to know their legislative representatives and keep them informed of their elderly constituents' needs.

Possible recommendations to address needs of elderly:

Realizing government cannot provide for it all, key leaders of service providers, government agencies, and community agencies and organizations expressed the necessity for community involvement and the encouragement of sense of community:

• Volunteerism

Volunteerism was recommended to help support new activities and services to address
the needs identified, such as volunteers to check in on those homebound, volunteers to do
yard cleaning, escort elderly individuals to medical appointments or provide shopping for
the home-bound.

Healthy Aging

- Look at providing fitness opportunities to include people with disabilities, clients at adult day care/health facilities;
- Inclusion of caregivers of people with disabilities opportunities to participate in Better Choices, Better Health program workshops;
- o Increased support from the medical community and community-at-large for healthy aging programs; ie. providing the facilities or resources to support programs.

Education

- Providers also identified the need and importance of education in the community. They
 expressed a need for conferences and mini workshops for educational aspect of
 discussing senior issues as well as a high need for hands-on and training opportunities for
 caregivers;
- Have a series of educational curriculum in place, for example: an injury prevention program that includes in-home safety assessment, recommendations and follow-up; a medication management program facilitated by a registered nurse or appropriate professional.

• <u>Informal Caregivers</u>

- Family, friends, neighbors and church members to assist seniors with picking up medications from the pharmacy, provide transportation to medical appointments, church or community events;
- Community cohort in the role of a case manager providing information on services and resources available in the community.

Summary and Closing Remarks

In looking at the all of the comments gathered through the needs assessment process, common issues were identified by participants including the importance of transportation and available and affordable home and community-based long term care services, limitations on financial resources, concern and support for families and caregivers, and basic access to information and services.

Ideas or possible solutions and opportunities which were identified in planning for the aging of Kauai and to support older adults focused largely on education, volunteerism and Healthy Aging, and encouraging more long term care planning and options for services. Also highlighted and discussed by participants was the need for increased public awareness of KAEA, access to information and services, and resources available in the community.

Participants shared that they were pleased to have the opportunity to provide their input and were looking forward to the implementation of their ideas shared.

EXHIBIT H: Description of Existing Programs and Services January 2015

Information provided by agencies and organizations completing AEA Senior Resource Survey and through other resources. Agencies listed serve older adults 60+ and may serve disabled persons under 60 as identified below.

**denotes programs and services administered or contracted by the AEA

Programs and Services	Provider Agency		Area Served by Judicial District	Also serve disabled persons under 60
	ACCE	ESS		
Information & Assistance	County Agency on Elderly Affairs	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	AARP		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Aloha Independent Living Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Alu Like, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Alzheimer's Association – Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Catholic Charities		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Child & Family Service		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Ho'ola Lahui Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc. – Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Nana's House		Kōloa, Waimea	Y
	North Shore Caregivers Support Group		Hanalei	N

Programs and Services	Provider Agency		Area Served by Judicial District	Also serve disabled persons under 60
	The Salvation Army - Lihue		Hanalei, Kawaihau, Līhu'e	Y
Outreach	County Agency on Elderly Affairs	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Aloha Independent Living Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Veterans Affairs – Vet Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Kaua'i Independent Food Bank, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Case Management	County Agency on Elderly Affairs	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Bayada Home Health Care		Hanalei, Kawaihau, Lihu'e, Koloa, Waimea	
	Child & Family Service		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services - Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health – Community Services for the Developmentally Disabled		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Veterans Affairs – Vet Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

Programs and Services	Provider Agency		Area Served by Judicial District	Also serve disabled persons under 60
Kupuna Care Transportation	County Transportation Agency	**	Hanalei, Kawaihau, Lihu'e, Koloa, Waimea	N
Transportation - paratransit	County Transportation Agency		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Transportation - public	County Transportation Agency		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	The Salvation Army - Lihue		Hanalei, Kawaihau, Līhu'e	Y
Transportation – Bus pass assistance	Workforce Development Division/Workwise Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Assisted Transportation	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	IN-HO	OME		
Attendant Care	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc. – Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Chore	Bayada Home Health Care	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc. – Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Friendly Visiting	County Agency on Elderly Affairs	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Child & Family Service		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Church of the Pacific, United Church of Christ		Hanalei	Y
Homemaker	Bayada Home Health Care	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

Programs and Services	Provider Agency		Area Served by Judicial District	Also serve disabled persons under 60
Personal Care	Bayada Home Health Care	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc. – Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other - Nursing	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	SUPPORTIVE	SERV	VICES	
Adult Day Care	Ohana Pacific Management dba Kauai Adult Day Health Center	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc. – Persons-In-Need		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Counseling	Alzheimer's Association - Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Church of the Pacific, United Church of Christ		Hanalei	Y
	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services - Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Veterans Affairs		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Aloha Independent Living Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	North Shore Caregivers Support Group		Hanalei	N
	The Salvation Army - Lihue		Hanalei, Kawaihau, Lihue	Y

Programs and Services	Provider Agency	Area Served by Judicial District	Also serve disabled persons under 60
Education/Training	AARP	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Alzheimer's Association – Kauai	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Child & Family Service	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Community School for Adults	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kaua'i Independent Food Bank, Inc.	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Nana's House	Kōloa, Waimea	Y
	North Shore Caregivers Support Group	Hanalei	N
Elder Abuse/Neglect	Bayada Home Health Care	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Employment Assistance	Dept. of Health – Kauai Community Mental Health Center	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Friendship House	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Workforce Development Division/Workwise Kauai	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Escort	Bayada Home Health Care	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Exercise/Physical Fitness	Kauai County Recreation Agency	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Athletic Club	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N

Programs and Services	Provider Agency	Area Served by Judicial District	Also serve disabled persons under 60
Health Education/Promotion	County Agency on Elderly Affairs	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Alu Like, Inc.	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Alzheimer's Association – Kauai	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	American Cancer Society	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai County Recreation Agency	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	North Shore Caregivers Support Group	Hanalei	N
Health Screening	Bayada Home Health Care	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Ho'ola Lahui Hawaii	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Housing Assistance	Kaua'i County Housing Agency	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	American Cancer Society	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Catholic Charities	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc. – Persons-In-Need	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N

Programs and Services	Provider Agency		Area Served by Judicial District	Also serve disabled persons under 60
Literacy/Language Assistance	Child & Family Service		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Meals-Home Delivered	Kauai Economic Opportunity, Inc.	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Alu Like, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Meals-Congregate	Kauai Economic Opportunity, Inc.	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	The Salvation Army - Lihue		Hanalei, Kawaihau, Līhuʻe	Y
Nutrition Counseling	Kauai Economic Opportunity, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Dept. of Veterans Affairs		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Ho'ola Lahui Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Nutrition Education	Kauai Economic Opportunity, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Veterans Affairs		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Ho'ola Lahui Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kaua'i Independent Food Bank, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Nana's House		Kōloa, Waimea	Y
Multi-Purpose Senior Centers	Kauai County Recreation Agency		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Public Education	AARP		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N

Programs and Services	Provider Agency		Area Served by Judicial District	Also serve disabled persons under 60
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Church of the Pacific, United Church of Christ		Hanalei	Y
	Dept. of Veterans Affairs		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Community School for Adults		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai County Recreation Agency		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Ho'ola Lahui Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	North Shore Caregivers Support Group		Hanalei	N
Recreation/Leisure	Alu Like, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Kauai County Recreation Agency		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Community School for Adults		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	The Salvation Army - Lihue		Hanalei, Kawaihau, Līhu'e	Y
Volunteer Opportunities	RSVP	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	AARP		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Church of the Pacific, United Church of Christ		Hanalei	Y
	Dept. of Human Services – Foster Grandparent Program		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Judiciary/FamilyCourt		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kauai Economic Opportunity, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Nana's House		Koloa, Waimea	Y

Programs and Services	Provider Agency	Area Served by Judicial District	Also serve disabled persons under 60
	Samuel Mahelona Memorial Hospital	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	The Salvation Army - Lihue	Hanalei, Kawaihau, Līhuʻe	Y
Other – Assistive Devices	Kauai Economic Opportunity, Inc. – Persons-In-Need	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Other – Disability Communication Access Board	County Driver Licensing Division Hanalei, Kawaihau Līhu'e, Kōloa, Wai		N
Other – Food assistance	Church of the Pacific, United Church of Christ	Hanalei	Y
	Kaua'i Independent Food Bank, Inc.	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Hospice Services	Kaua'i Hospice	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Kinship Care	Child & Family Service	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Material Assistance	Catholic Charities	es Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	
	American Cancer Society	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Nana's House	Kōloa, Waimea	Y
Other – Senior Employment	Workforce Development Division/Workwise Kauai	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Senior Housing	Hale Kupuna Senior Apartments	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
-	Līhu'e Theater Senior Apartments	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Other – Support Groups	American Cancer Society	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
•	Aloha Independent Living Hawaii	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Catholic Charities Utility Assistance		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

Programs and Services	Provider Agency Friendship House		Area Served by Judicial District	Also serve disabled persons under 60
Other – Vocational Rehabilitation Support Services	Friendship House		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	LEG	1	1	1
Legal Assistance	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	N
	Child & Family Service		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Legal Assistance – Other (guardianship)	Līhu'e, Kōloa, Wa		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	CAREGIVER SUPI	PORT	SERVICES	•
Counseling	Alzheimer's Association – Kauai	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Ho'ola Lahui Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kaua'i Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Nana's House		Kōloa, Waimea	Y
	North Shore Caregivers Support Group		Hanalei	N
	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Ohana Pacific Management dba Kauai Adult Day Health Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Support Groups	Alzheimer's Association – Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Kaua'i Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	North Shore Caregivers Support Group		Hanalei	N
Training	Alzheimer's Association – Kauai	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Kaua'i Hospice		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Respite	Bayada Home Health Care	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

Programs and Services	Provider Agency		Area Served by Judicial District	Also serve disabled persons under 60
	Dept. of Health – Community Services for the Developmentally Disabled		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Supplemental Services	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Information Services	Alzheimer's Association – Kauai	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health – Kauai Community Mental Health Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Aloha Independent Living Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Ho'ola Lahui Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Nana's House		Kōloa, Waimea	Y
	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Workforce Development Division/Workwise Kauai		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Access Assistance	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Human Services – Adult Protection & Community Services Section		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Books	American Cancer Society		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y

Programs and Services	Provider Agency Nana's House		Area Served by Judicial District	Also serve disabled persons under 60
Other – Education and Material Assistance	Nana's House		Kōloa, Waimea	Y
Other – Education	Kauai Community School for Adults		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Food assistance	Church of the Pacific, United Church of Christ		Hanalei	Y
Other – Legal Assistance (guardianship)	Judiciary/FamilyCourt		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Home medical equipment	Gammie Home Care, Inc.		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other – Medical, dental, and behavioral health services	Ho'ola Lahui Hawaii		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
SERVICES FOR G	RANDPARENTS RAISIN	G GRA	ANDCHILDREN 18 AND	YOUNGER
Counseling	Child & Family Service	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	N
	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Nana's House		Kōloa, Waimea	Y
Support Groups	Child & Family Service	**	Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	N
Respite Care	Child & Family Service	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Bayada Home Health Care		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Dept. of Health – Community Services for the Developmentally Disabled		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y

Programs and Services	Provider Agency Garden Isle Healthcare		Area Served by Judicial District	Also serve disabled persons under 60
	Garden Isle Healthcare		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Supplemental Services	Bayada Home Health Care		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
	Nana's House		Kōloa, Waimea	Y
Information Services	Bayada Home Health Care		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
	Child & Family Service	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Nana's House		Kōloa, Waimea	Y
	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
	Workforce Development Division/Workwise Kauai		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
Access Assistance	Bayada Home Health Care		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
Other – Education	Kauai Community School for Adults		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	Y
Other - Enrichment	Nana's House		Kōloa, Waimea	Y
Other – Food assistance	Church of the Pacific, United Church of Christ		Hanalei	Y
Other – Legal Assistance	Legal Aid Society Hawaii	**	Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Other – Limited Financial Assistance	Queen Lili'uokalani Children's Center		Hanalei, Kawaihau, Līhu'e, Kōloa, Waimea	N
Other – Referral assistance	Dept. of Human Services – Adult Protective & Community Services Section		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y

Programs and Services	Provider Agency		Area Served by Judicial District	Also serve disabled persons under 60
	LONG TERM CA	ARE SI	ERVICES	
Other – ICF/SNF	Garden Isle Healthcare		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
	Kaua'i Veterans Memorial Hospital		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
Other – ICF/SNF	Samuel Mahelona Memorial Hospital		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y
CAREGIVER SUPPORT SERVICES (for families of in-hospital patients)				
Other – Inpatient Nursing and Therapy	Garden Isle Healthcare		Hanalei, Kawaihau, Līhuʻe, Kōloa, Waimea	Y

EXHIBIT I: Map of Community Focal Points, Multi-Purpose Senior Centers, and Nutrition sites

Community Focal Points

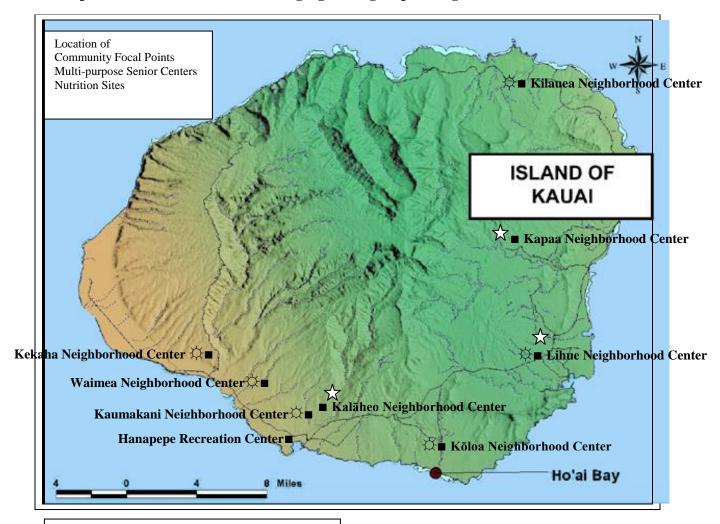
Facilities established to encourage the maximum arrangement and coordination of services for older individuals. Areas of activity designated at three areas of the island (east, central, west).

Multi-Purpose Senior Centers

Community facilities providing a broad range of services, which include health, social, nutritional, educational, and recreational services

Congregate Nutrition Sites

Meals provided to individuals in a congregate or group setting



- ☆ Community Focal Points
- Multi-Purpose Senior Centers
- Congregate Meal Sites

EXHIBIT J: Community Focal Points and Multi-Purpose Senior Centers

Community Focal Points

Facilities established to encourage the maximum arrangement and coordination of services for older individuals. Areas of activity designated at three areas of the island (east, central, west).

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Which May Be Available
Kapaa Neighborhood Center	4491 Kou Street Kapaa, Hawaii	822-1931	Hanalei Kawaihau	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Recreation Volunteer Opportunities
Lihue Neighborhood Center	3353 Eono Street Lihue, Hawaii	241-6858	Kawaihau Lihue Koloa	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Physical Activity Congregate Meals Nutrition Education Recreation Volunteer Opportunities
Kalaheo Neighborhood Center	4480 Papalina Road Kalaheo, Hawaii	332-9770	Koloa Waimea	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Recreation Volunteer Opportunities

Multi-Purpose Senior Centers Community facilities providing a broad range of services, which include health, social, nutritional, educational, and recreational services

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Which May Be Available
Kilauea Neighborhood Center	2460 Keneke St. Kilauea, Hawaii	828-1421	Hanalei	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Physical Activity Congregate Meals Nutrition Education Recreation Volunteer Opportunities
Kapaa Neighborhood Center	4491 Kou St. Kapaa, Hawaii	822-1931	Kawaihau	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Recreation Volunteer Opportunities
Lihue Neighborhood Center	3353 Eono St. Lihue, Hawaii	241-6858	Lihue	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Physical Activity Congregate Meals Nutrition Education Recreation Volunteer Opportunities

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Which May Be Available
Koloa Neighborhood Center	3461 Weliweli Road Koloa, Hawaii	742-1313	Koloa	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Congregate Meals Nutrition Education Health Education Physical Activity Recreation Volunteer Opportunities
Kalaheo Neighborhood Center	4480 Papalina Road Kalaheo, Hawaii	332-9770	Koloa	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Recreation Volunteer Opportunities
Hanapepe Recreation Center	4451 Puolo Road Hanapepe, Hawaii	335-3731	Waimea	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Recreation Volunteer Opportunities
Kaumakani Neighborhood Center	2301 Kaumakani Road Kaumakani, Hawaii	335-5770	Waimea	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Physical Activity Congregate Meals Nutrition Education Recreation Volunteer Opportunities

Name	Address	Telephone	Geographic Area Served	Days and Hours Served	Services Which May Be Available
Waimea Neighborhood Center	4556 Makeke Rd. Waimea, Hawaii	338-1122	Waimea	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Physical Activity Congregate Meals Nutrition Education Recreation Volunteer Opportunities
Kekaha Neighborhood Center	8130 Elepaio Rd. Kekaha, Hawaii	337-1671	Waimea	Mondays to Fridays 8:00 a.m. to 12:00 p.m.	Transportation I&R Legal Assistance Education/Training Health Education Physical Activity Congregate Meals Nutrition Education Recreation Volunteer Opportunities

EXHIBIT K: Congregate Nutrition Sites and Home Delivered Meals Distribution Center

<u>Congregate Nutrition Sites</u> <u>Meals provided to individuals in a congregate or group setting</u>

Name and Address	Telephone	District Covered	Congregate (Persons)*	Days and Hours	Other Services Provided
Kilauea Neighborhood Center 2460 Keneke Street Kilauea, Hawaii	828-1421	Hanalei	26	M, W, TH 10:00 a.m. to 12:00 p.m.	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities
Lihue Neighborhood Center 3353 Eono Street Lihue, Hawaii	241-6858	Lihue	51	T, TH 10:00 am to 12:00 pm	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities
Koloa Neighborhood Center 3461 Weliweli Rd. Koloa, Hawaii	742-1313	Kōloa	40	M,T,W,TH 10:00 am to 12:00 pm	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities
Kaumakani Neighborhood Center 2301 Kaumakani Rd. Kaumakani, Hawaii	335-5770	Waimea	15	M,T,TH,F 10:00 a.m. to 12:00 p.m.	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities

Name and Address	Telephone	District Covered	Congregate (Persons)*	Days and Hours	Other Services Provided
Waimea Neighborhood Center 4556 Makeke Rd. Waimea, Hawaii	338-1122	Waimea	28	M, W, TH 10:00 a.m. to 12:00 p.m.	Nutrition Education Transportation I&R Education/Training Health Education Recreation Volunteer Opportunities
Kekaha Neighborhood Center 8130 Elepaio Rd. Kekaha, Hawaiʻi	337-1671	Waimea	37	T, W, TH 10:00 a.m. to 12:00 p.m.	Transportation I&R Education/Training Health Education Nutrition Education Recreation Volunteer Opportunities

HOME-DELIVERED MEAL SITES

Meals provided to qualified individuals and delivered to place of residence

Name and Address	Telephone	Districts Covered	H-D (Persons)	Days and Hours
Kaua'i Economic Opportunity, Inc. Food Services 3343 Kanakolu Lihue, Hawaii	245-4077	Hanalei Kawaihau Lihue Koloa Waimea	329	M, T, W, TH, & F

<u>District</u> Areas covered Hanalei/Kawaihau Kealia to Princeville Kawaihau Waipouli to Kapa'a

Kawaihau/Līhu'e Hanamaulu to Wailua Homesteads

Līhu'e Hanamaulu to Līhu'e

Līhu'e/Kōloa Puhi to Kōloa
Kōloa Omao to Kalāheo
Kōloa/Waimea Eleele to Kaumakani

Waimea Waimea to Kekaha *# of persons served FY 2014

EXHIBIT L: Acute, Long Term Care Institutional and Facility Care

Facility	# SNF/ICF LICENSED BEDS
Garden Isle Healthcare	110
3-3420 Kuhio Highway #300	
Lihue, Hawaii 96766	
Phone: (808) 245-1802	
Hale Kupuna Heritage Home, LLC	84 ICF
4297 A Omao Rd.	
Lawai, Hawaii 96765	
Phone: (808) 742-7591	
PO Box 1287	
Koloa, Hawaii 96756-1287	
Kauai Care Center	53 SNF/ICF
9611 Waena Rd.	
Waimea, Hawaii 96796	
Phone: (808) 338-1681	
PO Box 507	
Waimea, Hawaii 96796	
Kauai Veterans Memorial Hospital	20 SNF/ICF
4643 Waimea Canyon Rd.	25 acute
Waimea, Hawaii 96796	
Phone: (808) 338-9431	
PO Box 337	
Waimea, Hawaii 96796	
Samuel Mahelona Memorial Hospital	66 SNF/ICF
4800 Kawaihau Rd.	9 acute psychiatric
Kapaa, Hawaii 96746	
Phone: (808) 822-4961	
Wilcox Memorial Hospital	72 acute
3420 Kūhi'ō Hwy.	
Līhu'e, Hawai'i 96766	
Phone: (808) 245-1100	

Source: Hawaii State Dept. of Health, Office of Health Care Assurance, Medicare Section, listing of Skilled Nursing/Intermediate Care facilities, www.hawaii.gov/health

EXHIBIT M: PART II: Recommendations

Framework

The Area Agency on Aging's recommendations subscribe to the general framework for program and service delivery for older adults developed throughout the State by the Executive Office on Aging. This framework is drawn from the Older Americans Act, as amended in 2006, and Chapter 349, Hawaii Revised Statutes. The Area Agency's recommendations are consistent with the objectives of the Older Americans Act, as amended in 2006, the U.S. Administration on Aging's goals and its strategies for Choices for Independence, and Chapter 349, Hawaii Revised Statutes Goals.

The Older Americans Act

One of the primary and contributing federal legislation designed to address the needs of older Americans is the Older Americans Act. The Older Americans Act of 1965, as amended, states that in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- * an adequate income in retirement in accordance with the American standard of living;
- * the best possible physical and mental health which science can make available and without regard to economic status;
- * obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford:
- * full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
- * opportunity for employment with no discriminatory personnel practices because of age;
- * retirement in health, honor, and dignity--after years of contribution to the economy;
- * participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities;
- * efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for the vulnerable older individuals;
- * immediate benefit from proven research knowledge which can sustain and improve health and happiness; and

* freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

Targeting of Services

The Older Americans Act, as amended in 2006, reemphasized the intention of the Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Special emphasis has been placed on using outreach methods to target services to:

- * older individuals residing in rural areas;
- * older individuals with greatest economic needs (with particular attention to lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- * older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- * older individuals with severe disabilities;
- * older individuals with limited English-speaking ability;
- * older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- * older individuals at risk for institutional placement.

Choices for Independence

In response to the 2006 Amendments to the Older Americans Act, the U.S. Administration on Aging presented its goals for 2007 through 2012. The goals are:

- Empower older people and their families to make informed decisions about, and be able to easily access, existing home and community-based options.
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
- Empower older people to stay active and healthy through Older Americans Act services including Evidence-Based Disease and Disability Prevention programs.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The U.S. Administration on Aging is leading efforts to rebalance long term care systems and offers as a blueprint, Choices for Independence. Choices for Independence is aimed at:

- Empowering consumers to make informed decisions about their care options;
- Helping consumers who are at high-risk of nursing home placement, but, not yet eligible for Medicaid, to remain in their own homes and communities through the

- use of flexible service models, including consumer-directed models of care; and
- Building evidence-based prevention into our community based systems for services and enabling older people to make behavioral changes that will reduce their risk of disease, disability and injury.

Chapter 349 Hawaii Revised Statutes Goals

Act 225, SLH 1974 mandated the State Commission on Aging to develop a Comprehensive Master Plan for the Elders. This plan appeared in 1975, and provided the framework for program administrators, legislators, and members of the community to guide the development of systems-based coordinated policies and programs for Hawaii's elderly population. Subsequently, the *Comprehensive Master Plan for the Elderly: Update 1988* was adopted by the State Legislature in 1988. It serves as a blueprint for policy and program decisions for Hawaii's older adults.

At the same time in 1988, the *Long Term Care Plan for Hawaii's Older Adults* was adopted by the State Legislature. It guides the State in the development, coordination and enhancement of long term care policies and programs.

EXHIBIT N-1: Prioritization of Issues and Services

A committee was formed, comprised of 9 members from the Agency on Elderly Affairs' Advisory Council and AEA staff. Members of the Advisory Council included elderly consumers, members of the community at large, and representatives of service organizations and agencies. The prioritization process involved the use of a prioritization worksheet completed by each committee member. Members were given background information in advance to acquaint them with the criteria used in ranking priority issues:

✓ Older Americans Act

Service areas were ranked on their relative importance, according to the Older Americans Act objectives and priorities [Section 306(a)(2)], which includes the identified Title III B priority areas: access, in-home, and legal.

✓ Targeted Population Served

Members rated each service according to prior year service levels as reported in agency quarterly reports. The criteria for targeted population are those elderly served who were in greatest economic need, greatest social need, low income minority, and older individuals residing in rural areas.

✓ Priority Issues

Members rated each service according to the issues and areas of concern identified from the AEA needs assessment conducted (surveys, focus groups, secondary data and service utilization review) and the committee member's perceived need in the community.

✓ Potential Cost Benefit

Members rated services based on the perceived cost benefit, including unit cost of services provided (cost reimbursed by Agency on Elderly Affairs to service providers).

✓ Probability of Service Success

Members rated each service according to current demand, as determined by current service levels and prior year service levels as reported in the quarterly reports.

The committee members utilized a rating process to determine the importance of each service and assigned values to each of the services, using the criteria as stated above.

Each of the five criteria was assigned a value of 1 to 5, with 1 having least importance or impact and five having the most importance or impact. The assigning of values was applied for all the identified services. The value of the different criteria within each service was added for each member. The total from all members were calculated, and an average score for each criteria within each service was determined. The sum of the average scores was then calculated to determine the total points for each service. Scores of 23 - 25 represented areas of high priority, scores of 20 - 22 represented medium priority, and scores of 15 - 19 represented areas of lower priority.

EXHIBIT N-2: The Strategies to Meet Issues

- 1) The Kaua'i Agency on Elderly Affairs' (KAEA) Information and Referral (I & R) component is in integral part of the Area Agency. Community Service Program Assistants are assigned to designated districts on the island and conduct home visits to provide information to older adults and families. Each staff person is equipped with laptops and wireless remote internet access to provide enhanced services to older adults and families and facilitate access to the Aging & Disability Resource Center (ADRC) website to gather information about available services and programs.
- 2) The KAEA I & R component will also conduct outreach activities in the community to identify older adults who may be in need of services.
- 3) The KAEA has an Advisory Council comprised of older adults and agency representatives who can offer advice, technical assistance, and partnership to address the future issues of our aging population. There is representation from a cross-section of the community, including those who work or have experience with the low income and minority population, Native Hawaiian population, long term care industry, and grandparents who are caring for grandchildren.
- 4) The KAEA will identify opportunities to coordinate, collaborate and establish partnerships with local individuals, agencies and organizations, including service providers on client referrals, service delivery, and issues relating to supporting Kaua'i's older adults.
- 5) The KAEA will identify key partners to facilitate collaboration and coordination for the ADRC.
- 6) The KAEA will continue to coordinate, collaborate and establish partnerships with local individuals, agencies and organizations to plan and implement two evidence-based disease prevention programs called EnhanceFitness and the Chronic Disease Self-Management Program, also known as Better Choices, Better Health, through Kaua'i's Healthy Aging Project partnership.
- 7) The KAEA will identify opportunities to advocate on behalf of Kaua'i's older adults in areas to support aging in place.
- 8) The KAEA will encourage staff participation on advisory boards for local agencies and organization to have an opportunity to provide input on behalf of Kaua'i's older adults.
- 9) The KAEA will provide capacity-building activities for staff and service providers to develop their skills and capacity to provide services for older adults, caregivers and persons with disabilities.



Mayoral Falls Prevention Proclamation presentation to Rachelle Bachran, DOH Public Health Educator with Falls Prevention Alliance members: KCC School of Nursing, Kauai Agency on Elderly Affairs, DOH Community Health Services, American Medical Response, and Moving on 2 Wellness LLC.

EXHIBIT N-3: The Prioritization of Services for Funding

A sub-committee comprised of KAEA staff and Advisory Council members reviewed pertinent information on current services and scored each criteria on a scale of 1-5, 1 being least important and 5 being most important. These scores were combined and calculated to determine the rounded average.

List of	Criteri	a				Total	Potent	Potential Resources		
Programs and Services	Title III	GEN, GSN, LIM, OIRA	Priority Needs	Benefit Cost	Probable Success	Score Points	OAA	State	County	Other
Information & Assistance	5	5	5	5	5	25	х		Х	
Outreach	5	5	5	4	4	22	X		X	
Case Management	5	5	5	5	5	25		х		
Kupuna Care Transportation	5	5	5	5	5	25		X	х	
Legal Assistance	4	4	4	4	4	20	Х			
Chore	4	4	4	4	4	20		X		
Homemaker	4	4	4	4	4	20		X		
Personal Care	5	5	4	5	4	23		X		
Adult Day Care	5	5	5	5	5	25		х		
Volunteer Opportunities	4	4	4	4	4	20			х	х
Health Promotion	4	5	4	4	4	21	X		X	Х
Meals- Congregate	5	5	5	5	5	25	х			X
Meals-Home Delivered	5	5	5	5	5	25	X	X	X	Х
Elder Abuse Prevention	4	5	4	4	4	21		X		
Caregiver Information Services	5	5	4	5	5	24	х			

List of	Criteria	a	Total Potential Resources				rces			
Programs and Services	Title III	GEN, GSN, LIM, OIRA	Priority Needs	Benefit Cost	Probable Success	Score Points	OAA	State	County	Other
Caregiver Access Assistance	4	4	4	4	4	20				
Caregiver Counseling/ Support/ Training	4	4	4	4	4	20	х			
Respite	4	4	4	4	4	20	X			
Grandparents Raising Grandchildren - Respite	4	4	4	4	4	20	Х			
-Support Groups	4	4	4	4	4	20	X			
-Training	4	4	4	4	4	20	х			

The evaluation criteria in each column are presented in the order of their priority/importance:

^{*}Title III priorities are met (services associated with <u>access</u> to services, <u>in-home</u> services, and <u>legal</u> assistance)

^{*}Older individuals with greatest economic need (GEN) and other individuals with greatest social need (GSN), low-income minority (LIM) individuals, and older individuals residing in rural areas (OIRA) are served;

^{*}Priority needs are addressed;

^{*}Potential benefit to cost is great; and

^{*}Probability of program/service success is high.

EXHIBIT O-1: PART III. Action Plans

Summary of Goals

Summary of Goals: The State and Area Agencies on Aging are pursuing the following goals:

- Maximizing opportunities for seniors to age well, remain active and enjoy quality lives while engaging in their communities.
- Forging strategic partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges for the aging population.
- Developing a statewide ADRC System for Kupuna and their Ohana to access and receive long term support services (LTSS) information and resources within their respective Counties
- Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long term services and supports, including supports for families and caregivers.
- Optimize the health, safety and independence of Hawaii's older adults.

EXHIBIT O-2: Summary of Objectives

Goal	Objectives
1. Maximizing opportunities for seniors to age well, remain active and enjoy quality lives while engaging in their communities.	1-1 350 older adults will be engaged in volunteer opportunities through RSVP, by March 2018
	1-2 Offer seven (7) Better Choices Better Health Program (BCBH) workshops each year.
	1-3 Leverage available funding to increase the current number of 273 EnhanceFitness Program participants by 5%.
2. Forging Strategic Partnerships and Alliances that will give impetus to meeting Hawaii's Greatest Challenges for the Aging Population.	2-1 Explore development of a coalition of transit service providers by end of FY2016.
	2-2 Explore a referral system to establish access to in-home mental health services by end of FY2017.
	2-3 Attend advocacy meetings to support efforts to increase pedestrian safety, annually.
	2-4 Establish and update Memoranda of Understanding (MOUs) with government, disability, aging, health care and business agencies/organizations, annually.

3. Developing a statewide ADRC System for Kupuna and people with disabilities and their Ohana and caregivers to access and receive long term support services (LTSS) information and resources within their respective Counties.	3-1 Support the State's efforts to integrate a No Wrong Door Model of a statewide ADRC System by 2018.
	3-2 Update of the resource database in the Kaua'i ADRC website, annually.
	3-3 On-going implementation and improvements of options counseling service/person centered planning.
4. Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long term services and supports, including supports for families and caregivers.	4-1 Increase the number of identified older adults and people with disabilities by 15%, annually.
	4-2 Establish a pool of vendors to allow participants more choices by the year 2019.
	4-3 Develop and distribute quality of inhome services survey, annually.
	4-4 Expand educational opportunities for Kaua'i's older adults and caregivers to include conducting mini educational workshops throughout the community, annually.
5. Optimize the health, safety and independence of Hawaii's older adults.	5-1 Establish accessible emergency safe havens for vulnerable elders by 2016.
	5-2 Annual updates of individual emergency disaster plans.
	5-3 Implement a low cost home modification program to minimize falls among 85+ year olds by 2017.

EXHIBIT O-3: Objectives and Action Plans

Statement of Objective (#1-1)

350 older adults will be engaged in volunteer opportunities through RSVP, by March 2018.

Reference to Priority OAA 306(a)(6)(c)(iii)

Provide that the area agency on aging will –

iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

Major Action Steps to Achieve Objectives

Completion Date

Annually

1.	Recruit volunteers.	On-going; annually
2.	Collaborate with public and private non-profit organizations to identify volunteer opportunities.	On-going; annually
3.	Place volunteers with opportunities within the national focus areas based on their choice and preference.	On-going; annually
4.	Conduct volunteer membership meetings once a year.	On-going
5.	Develop and conduct satisfaction surveys for volunteers and	

Outcome(s):

85% of RSVP volunteers express satisfaction in remaining active and socially engaged through volunteerism.

75% volunteer stations increase efficiency in provision of services.

Effectiveness Measure(s)

volunteer stations.

of RSVP volunteers enrolled # of RSVP volunteers expressing satisfaction in their volunteer work. Volunteer Station survey

Statement of Objective (#1-2)

Offer seven (7) Better Choices Better Health Program (BCBH) workshops each year.

Reference to Priority OAA 306(a)(7)(c)

Provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.

Major Action Steps to Achieve Objectives

Completion Date

1. Collaborate with HAP partners and other ADRC partners on potential sites in new areas in the community where workshops have not been offered.

On-going; annually

2. Secure sites, schedule workshops and coordinate/assign Lay Leaders to workshops.

On-going

3. Conduct presentations about the BCBH program for community organizations near identified sites.

On-going

4. Promote workshops through County news releases, flyers and local media.

On-going

5. Develop and establish Medicare reimbursement process for diabetes education classes.

October 2017

Outcome(s):

85% of participants indicated they have learned to manage their chronic health problems. 70 participants completed course.

Effectiveness Measure(s)

total of workshops held # total of participants who completed course client satisfaction survey

Statement of Objective (#1-3)

Leverage available funding to increase the current number of 273 EnhanceFitness Program participants by 5%.

Reference to Priority OAA 306(a)(7)(c)

Provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by —

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.

Major Action Steps to Achieve Objectives

Completion Date

	1.	Maintain EF license for all sites.	Annually
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2. Monitor participant attendance for all sites. On-going

3. Recruit potential participants through outreach opportunities at community events, health fairs, elderly housing projects.

On-going

4. Recruit qualified instructors and conduct certification training.

Annually

5. Expansion of EF classes to address waitlist. On-going

6. Continue baseline and follow-up Fitness Checks to evaluate participants' progress.

On-going; semi-annually

Outcome(s):

5% new participants enrolled in EnhanceFitness, annually.

80% of participants indicate their participation in EnhanceFitness has helped them with their physical abilities (walking, strength, etc.).

Effectiveness Measure(s)

new participants in EF classes

participants in EF classes

EF classes

Analysis of baseline and follow-up fitness checks

Statement of Objective (#2-1)

Explore development of a coalition of transit service providers by end of FY2016.

Reference to Priority OAA 306(a)(2)

- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 - (A) services associated with access to services (transportation, outreach, information and assistance, and case management services)

Major	Action Steps to Achieve Objectives	Completion Date
1.	Identify transit services needed by the community.	December 2015
2.	Identify appropriate transit service providers available in the community.	January 2016
3.	Establish working relationships with and among transit service providers.	On-going
4.	Draft and Execute Memoranda of Understanding and Memoranda of Agreement with appropriate transit service providers.	On-going; June 2016; annually
5.	Collaborate with partners on a draft protocol.	On-going
6.	Distribute final protocol and procedures to partners.	September 2016; update annually
7.	Assist with public awareness and education of transit services and resources available to the community.	On-going
8.	Evaluate effectiveness of written protocol.	Annually

Outcome(s):

75% of partners will participate in activities of the coalition and offer input to referral process and collaboration efforts.

Effectiveness Measure(s)

transit service providers with signed MOUs/MOAs Written protocol and procedures have been developed and implemented # referrals

Statement of Objective (#2-2)

Explore a referral system to establish access to in-home mental health services by end of FY2017.

Reference to Priority

OAA 306(a)(2)

- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 - (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, and case management services)

Major Action Steps to Achieve Objectives

6. Evaluate effectiveness of written protocol.

Completion Date

On-going; annually

1.	Identify appropriate partners and stakeholders of the ADRC who provide in-home mental health service.	On-going; annually
2.	Establish working relationships with and among partners.	On-going
3.	Draft and Execute Memoranda of Agreement.	On-going; annually
4.	Collaborate with partners on a draft protocol.	On-going
5.	Distribute final protocol and procedures to partners.	September 2017; update annually

Outcome(s):

75% of partners providing in-home mental health services will offer input to referral process and collaboration efforts.

Effectiveness Measure(s)

in-home mental health service providers with signed MOAs Written protocol and procedures are developed for an appropriate referral process # referrals

Statement of Objective (#2-3)

Attend advocacy meetings to support efforts to increase pedestrian safety, annually.

Reference to Priority OAA (306)(b)(3)

An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for-

- (D) transportation
- (E) public safety

Major Action Steps to Achieve Objectives

Completion Date

- Continue membership and participation with appropriate task forces, advisory boards/councils, work groups, committees, community organizations, cultural organizations.
 On-going
- 3. Submit testimony, letters of support to advocate for appropriate legislation, policies.

 On-going

Outcome(s):

15% decrease in number of traffic collisions with pedestrians involved.

Effectiveness Measure(s)

pedestrian accidents, annually

Statement of Objective (#2-4)

Establish and update Memoranda of Understanding (MOU) with government, disability, aging, health care and business agencies/organizations, annually.

Reference to Priority OAA 306(a)(2)

- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 - (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, and case management services)

11/30/2015

Major Action Steps to Achieve Objectives Completion Date Identify appropriate partners, government agencies, including DHS Adult Protective Service, DHS Hawaii

2. Draft and execute Memoranda of Understanding.

Public Housing Authority) 10/31/2015

3. Establish and solidify working relations with partners. On-going

4. Annual meeting to evaluate effectiveness of partnerships. 11/30/2016

Outcome(s):

75% of partners will express satisfaction with coordination and collaboration efforts of the ADRC.

Effectiveness Measure(s)

of partners completing MOUs # of referrals received

Statement of Objective (#3-1)

Support the State's efforts to integrate a No Wrong Door Model of a statewide ADRC System by 2018.

Reference to Priority OAA 306(a)(1)

Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such are (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income or individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need.

Major Action Steps to Achieve Objectives

Completion Date

1. Assist in the identification of areas of infrastructure that need further development.

10/31/2015; annually

2. Collaborate with the State Unit on Aging, as appropriate.

On-going; annually

Outcome(s):

AAAs will have privileges to DHS Med-QUEST Division KOLEA and other NWD agencies websites.

Effectiveness Measure(s)

Medicaid applications submitted through KOLEA website

Statement of Objective (#3-2)

Update of the resource database in the Kaua'i ADRC website, annually.

Reference to Priority OAA 306(a)(1)

Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such are (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income or individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need.

Major	Action Steps to Achieve Objectives	Completion Date
1.	Recruit lead ADRC resource person.	10/31/2015
2.	Update the ADRC website resource database.	1/31/2016; on-going
3.	Recommend to AGIS to develop and include satisfaction survey on the ADRC website.	1/31/2016
4.	Facilitate monitoring the effectiveness of the resource database.	On-going

Outcome(s):

60% of ADRC users will express satisfaction with Kaua'i ADRC website resource database.

Effectiveness Measure(s)

ADRC website users expressing satisfaction and appropriateness of the resource database # ADRC website visits

Statement of Objective (#3-3)

On-going implementation and improvements of options counseling service/person-centered planning.

Reference to Priority

OAA 306(a)(2)

- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 - (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, and case management services)

Major Action Steps to Achieve Objectives

Completion Date

1.	CIRS-A certified staff will obtain CIRS A/D certification.	June 15, 2016; on-going;
2.	Information and Referral, Case Management staff will obtain CIRS A/D certification.	On-going
3.	Provide opportunities for training to AAA staff, including options counseling.	On-going

4. Plan and establish a training schedule. December 2015;

annually

Outcome(s):

100% of clients will have a person-centered support plan.

75% of clients will express satisfaction with their person-centered support plan.

75% of staff agree that training was useful for their jobs and are satisfied with the information received from educational workshops/trainings.

Effectiveness Measure(s):

client support plans

clients expressing satisfaction with their support plan

staff training/in-service held

Staff training plan/schedule updated and implemented

Statement of Objective (#4-1)

Increase the number of identified older adults and people with disabilities by 15%, annually.

Reference to Priority OAA 306(a)(2)

- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 - (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, and case management services)

Major Action Steps to Achieve Objectives

Completion Date

1. All participants of AEA programs, including RSVP, Respite Care, Grandparents Raising Grandchildren shall complete a consumer registration or initial intake form.

September 2015; on-going

2. Collaborate with ADRC partners and secure sites in the community to conduct outreach events.

On-going

3. Develop and implement an outreach plan to include conducting presentations at large employers, business organizations, professional affiliates, community service organizations, religious affiliates.

10/31/15; annually

4. Update and implement marketing plan.

Spring 2016; biennially

Outcome(s):

600 additional older adults will be identified.

Effectiveness Measure(s)

unduplicated consumer registration, initial intake and/or in-home assessments conducted # new senior identification cards issued

Outreach plan developed and implemented

Statement of Objective (#4-2)

Establish a pool of vendors to allow participants more choices by the year 2019.

Reference to Priority OAA 306(a)(1)

Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such are (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income or individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need.

Major Action Steps to Achieve Objectives

Completion Date

ujoi	rection steps to remeve objectives	completion Date
1.	Identify home and community based service providers in the community.	On-going
2.	Issue Request for Proposals for home and community based services.	September 2015; as needed
3.	Prepare RFP and contract documents with special condition that stipulates KAEA reserves the right to subcontract with another service provider if the primary contractor is unable to service KAEA in a timely manner; circulate for review and signatures.	February 2016; as needed
4.	Complete procurement process.	February 2016; as needed
5.	Conduct contractors orientation/meeting.	Within 30 days after award of contract
6.	Solicit State Unit on Aging's endorsement of 103F State purchasing procedures.	June 2016

Outcome(s):

75% of clients of receiving service per contractual guidelines 100% of clients receiving person-centered options counseling service Clients have a choice of service providers

Effectiveness Measure(s)

clients receiving service by primary contract service provider # clients receiving service by MoA service provider

Statement of Objective (#4-3)

Develop and distribute quality of in-home services survey, annually.

Reference to Priority OAA 306(a)(2)

- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 - (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, and case management services)

Major Action Steps to Achieve Objectives

Completion Date

1.	Develop and distribute client satisfaction survey for the service(s) they receive.	September 2015; periodically
2.	Analyze information for effectiveness of service, competence of care workers, service delivery, quality of service.	2 months after receipt of responses
3.	Sharing of survey results on ADRC website and with service providers.	Upon completion of analysis

Outcome(s):

75% of consumers express satisfaction with coordination and quality of in-home service provided.

Effectiveness Measure(s)

consumers expressing satisfaction with coordination/quality of in-home service

satisfaction surveys distributed

satisfaction surveys completed and returned

Statement of Objective (#4-4)

Expand educational opportunities for Kaua'i older adults and caregivers to include minieducational workshops throughout the community, annually.

Reference to Priority OAA 306(a)(2)

- (2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 - (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, and case management services)

Major Action Steps to Achieve Objectives

Completion Date

1.	Identify educational workshops/training needs such as
	in-home safety assessment, medication management,
	senior issues, hands-on training for older adults and
	caregivers.

September 2016;

annually

2. Plan and collaborate with appropriate resources, ADRC partners, including higher education institutions, to conduct training workshops, demonstrations, presentations.

December 2016;

on-going

3. Evaluate effectiveness of workshop/training.

Upon completion of workshop/training

Outcome(s):

75% of workshop/training participants will express an increase in their knowledge of maintaining a healthy lifestyle.

75% of workshop/training participants will express satisfaction with meeting their individual expectations.

Effectiveness Measure(s)

- # participants attending workshop, demonstrations, presentations
- # participants expressing an increase in their knowledge of maintaining a healthy lifestyle.
- # participants expressing satisfaction with education received

Statement of Objective (# 5-1)

Establish accessible emergency safe havens for vulnerable elders by 2016.

Reference to Priority

OAA 306(a)(1)

Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such are (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income or individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need.

Majo	r Action Steps to Achieve Objectives	Completion Date
1.	Identify a minimum of 3 appropriate partners.	10/31/2015
2.	Draft Memoranda of Agreement (MoA); process for review by County Attorney's office.	1/31/2016
3.	Collaborate with partners on a draft protocol and establish working relationships with partners.	3/31/2016
4.	Distribute final MoA to partners for signature.	6/30/2016

Outcome(s):

Lessen the potential harm on vulnerable dependent/adult abuse victims.

Effectiveness Measure(s)

suspected adult abuse referrals/reports to Adult Protective Services # dependent/adult abuse victims receiving shelter

Statement of Objective (# 5-2)

Annual updates of individual emergency disaster plans.

Reference to Priority OAA 306(a)(1)

Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such are (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income or individuals, including lowincome minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need.

Major Action Steps to Achieve Objectives

Completion Date

1. Ensure a disaster plan is created/updated for every client assessed.

On-going

2. Offer development of a disaster plan to older individuals and people with disabilities at outreach events.

On-going

Outcome(s):

Increase in number of individuals who will have an emergency disaster plan.

Effectiveness Measure(s)

- # identified older adults
- # identified persons with disabilities
- # initial intake assessments completed
- # individual emergency disaster plans completed

Statement of Objective (# 5-3)

Implement a low cost home modification program to minimize falls among 85+ year olds by 2017.

Reference to Priority

OAA 306(a)(7)

Provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community based settings, in a manner responsive to the needs and preferences of older individuals and persons with disabilities and their family caregivers, by —

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

Major Action Steps to Achieve Objectives

Completion Date

January 2018

1.	Establish Memorandum of Understanding with partners in the community providing Home Fall Safety Assessment Program.	April 2016
2.	Develop program policy, procedures and eligible criteria to participate in low cost home modification program.	July 2016
3.	Coordinate with Purchasing Division for procurement to purchase supply of grab bars.	October 2016
4.	Implement low cost home modification program.	January 2017

Outcome(s):

Reduction in falls by identified older individuals 85+ in the home. Increase of older individuals who remain living in their community.

Effectiveness Measure(s)

identified older adults at risk for institutional placement

5. Evaluate effectiveness of the program.

- # referrals served by the low cost home modification program
- # falls by older adults in the low cost home modification program (baseline, 6 months, 1 year)

EXHIBIT P-1: Targeting Services -- The Next Four Years

I. Methods for Assuring Service Preference to Older Individuals, People with Disabilities, and their Caregivers, with the Greatest Economic Need

Declaration of Compliance

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Kauai Agency on Elderly Affairs, shall prepare and develop an area plan for the next four years which shall provide assurances that the Kauai Agency on Elderly Affairs will set specific objectives for providing services to older individuals, people with disabilities, and their caregivers, with greatest economic need. No means test shall be used to qualify any individual for services supported with funds from the Administration on Aging.

Definition

Greatest Economic Need: The need resulting from an income level at or below the poverty line. [OAA, Sec. 102 (27)].

Methods

- The Kauai Agency on Elderly Affairs' (KAEA) Information and Referral staff will conduct outreach activities at elderly and public housing facilities and various locations in the community to identify those older adults, people with disabilities, and their caregivers, in greatest economic need, who may be in need of services or assistance.
- 2) The KAEA's Information and Referral (I & R) staff will identify those in greatest economic need through visits conducted in the home of older adults and people with disabilities.
- The KAEA's I & R staff will participate in capacity-building activities and training under the Medicare Improvements for Patients and Providers Act (MIPPA) and Medicare Beneficiary Outreach and Assistance for Low-Income Assistance and Enrollment. I & R will also coordinate and collaborate with agencies who assist clients with Medicare Part D enrollment, such as the Hawaii SHIP program.
- 4) The KAEA will conduct public education/media activities to reach those older adults, people with disabilities, and their caregivers, in greatest economic need.
- 5) Partnerships will be developed by the KAEA with community agencies who provide services to those in greatest economic need and have experience in working with such target groups to distribute brochures and other information.
- 6) The KAEA will identify and invite agency representatives who provide services to those in greatest economic need to participate on KAEA's Advisory Council and other committees.

- 7) The KAEA will coordinate and collaborate with agencies on mutual client referrals and linkages and to maximize service delivery. These agencies may include Kauai Economic Opportunity, Inc., Dept. of Human Services, and Catholic Charities.
- 8) The KAEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who target older adults, people with disabilities, and their caregivers, in greatest economic need.
- 9) The KAEA will encourage local businesses, civic organizations and service clubs to provide service projects and social support to those in greatest economic need, which may include Zonta Club of Kaua'i's Annual Christmas Fund and continued collaboration with Kaua'i Island Utility Cooperative (KIUC) to provide free refrigerators to older adults in need.
- 10) The KAEA will continue to participate and support community events such as educational health fairs and informational presentations to provide information on available resources.

II. Methods for Assuring Service Preference to Older Individuals, People with Disabilities, and Their Caregivers, with the Greatest Social Need

Declaration of Compliance

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Kauai Agency on Elderly Affairs, shall prepare and develop an area plan for the next four years which shall provide assurances that the Kauai Agency on Elderly Affairs will set specific objectives for providing services to older individuals, people with disabilities, and their caregivers, with greatest social need. No means test shall be used to qualify any individual for services supported with funds from the Administration on Aging.

Definition

Greatest Social Need: The need caused by non economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. [OAA, Sec. 102 (28)].

Methods

- 1) The Kauai Agency on Elderly Affairs' (KAEA) Information and Referral staff will identify areas within the community that may be isolated and pose challenges for older adults, people with disabilities, and their caregivers to access services.
- 2) The KAEA's Information and Referral staff will conduct outreach at elderly and public housing facilities to identify those seniors, people with disabilities, and their caregivers, in greatest social need who may have difficulty in accessing services.

- 3) The KAEA I & R staff will continue to conduct outreach efforts in the community to identify those who may be socially isolated and in need of services.
- 4) The KAEA will conduct public education/media activities to reach those older adults, people with disabilities, and their caregivers, in greatest social need.
- 5) The KAEA and its service providers will make efforts to hire and recruit bilingual staff who are able to communicate with minority elderly, people with disabilities, and their caregivers, with language barriers or who speak or understand limited English.
- 6) Agency representatives who service older adults, people with disabilities, and their caregivers, in greatest social need are invited to participate on the KAEA Advisory Council and other committees.
- 7) The KAEA will develop partnerships and coordinate and collaborate with agencies and organizations to target those in greatest social need and maximize service delivery. These agencies may include churches, clinics, and other agencies and organizations that provide services to the disability population, homebound older adults, and/or older adults and people with disabilities, with language barriers.
- 8) The KAEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who target older adults, people with disabilities, and their caregivers, in greatest social need.
- 9) The KAEA will continue to provide support to the Kaua'i APS Multidisciplinary Team to target those older adults and people with disabilities who are frail and vulnerable and may need assistance in accessing services.
- 10) The KAEA staff will seek capacity-building opportunities to develop skills in identifying those older adults and people with disabilities who may be vulnerable and at-risk for elder abuse.

III. Methods for Providing Services to Older Individuals and People with Disabilities At-Risk for Institutional Placement

Declaration of Compliance

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Kauai Agency on Elderly Affairs, shall prepare and develop an area plan for the next four years which shall provide assurances that the Kauai Agency on Elderly Affairs will set specific objectives for providing services to older individuals and people with disabilities at risk for institutional placement. No means test shall be used to qualify any individual for services supported with funds from the Administration on Aging.

Definition

With respect to an older individual or a person with disabilities, that such individual is unable to perform at least two activities of daily living without substantial human assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State to be in need of placement in a long-term care facility. (OAA, Sec. 101, (a) 45)

Methods

- 1) The Kauai Agency on Elderly Affairs' (KAEA) Information and Referral staff will identify areas within the community that may be isolated and pose challenges for older adults and people with disabilities who are frail to access services.
- 2) The KAEA Information & Referral (I & R) staff will continue outreach efforts in the community to identify older adults and people with disabilities who may be at-risk for institutionalization and in need of services.
- 3) The KAEA will conduct public education/media activities to reach those older adults and people with disabilities at risk for institutionalization and their families and caregivers who may need assistance.
- 4) The KAEA's Case Management component will identify older adults and persons with disabilities who may be at-risk of institutionalization through its initial assessment process and develop care plans as appropriate and collaborating with appropriate agencies.
- The KAEA will develop partnerships and coordinate and collaborate with agencies and organizations to maximize service delivery and target those older adults and people with disabilities who may be frail and in need of services. These agencies may include churches, clinics, hospitals, and other agencies and organizations that provide services to people with disabilities and frail, homebound older adults.
- 6) The KAEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who target older adults and people with disabilities at risk for institutionalization.

IV. Methods for Assuring Service Preference to Low Income Minority Older Individuals and People with Disabilities, and Their Caregivers

Declaration of Compliance

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Kauai Agency on Elderly Affairs, shall prepare and develop an area plan for the next four years which shall provide assurances that the Kauai Agency on Elderly Affairs will set specific objectives for providing services to low income minority older individuals, people with disabilities, and their caregivers.

Definitions

- **1. Low Income** means having an income at or below the federal poverty level. It is the same as "greatest economic need."
- 2. Minority elders are persons age 60+, people with disabilities, and their caregivers who are either: American Indian/Alaskan Native; Asian Pacific Islander; Black,

not of Hispanic origin; or Hispanic.

3. Low-Income Minority elders are persons age 60+, people with disabilities, and their caregivers, who are either: American Indian/Alaskan Native; Asian/Pacific Islander; Black, not of Hispanic origin; or Hispanic, with an annual income at or below the established poverty level.

Methods

- 1) The Kauai Agency on Elderly Affairs' (KAEA) Information and Referral staff will conduct home visits within designated areas to determine needs of older adults, people with disabilities, and their caregivers, and provide information on available services and resources.
- 2) The KAEA Information and Referral staff will conduct outreach at elderly and public housing facilities to identify older adults, people with disabilities and their caregivers, in need of services or assistance.
- The KAEA's I & R staff will participate in capacity-building activities and training under the Medicare Improvements for Patients and Providers Act (MIPPA) and Medicare Beneficiary Outreach and Assistance for Low-Income Assistance and Enrollment. I & R will also coordinate and collaborate with agencies who assist clients with Medicare Part D enrollment, such as the Hawaii SHIP program.
- 4) The KAEA will provide public education/media activities to reach those older adults, people with disabilities, and their caregivers, who are low-income and minority, including efforts to provide information in other languages.
- 5) The KAEA will identify and invite agency representatives who service older adults, people with disabilities, and their caregivers, who are low-income and minority to participate on the AEA Advisory Council and other committees.
- The KAEA will develop partnerships and coordinate and collaborate with agencies to target those older adults, people with disabilities, and their caregivers, who are low-income and minority, and maximize resources. These partnerships may include clinics, cultural organizations, Kauai Economic Opportunity, Inc., Catholic Charities, and the Dept. of Human Services.
- 7) The KAEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who target those who are low-income and minority.
- 8) The KAEA will encourage service clubs, individuals, and the private sector to conduct service projects and/or funding to low-income minority individuals.
- 9) The KAEA and its service providers will make efforts to hire and recruit bilingual staff that is able to communicate with minority elderly, people with disabilities, and their caregivers, who speak or understand limited English.
- 10) The KAEA will encourage service providers to participate in cultural activities to identify those who are low-income and minority and may be in need of services.

V. Methods for Providing Services to Older Individuals, People with Disabilities, and Their Caregivers, with Limited English Proficiency

Declaration of Compliance

The Area Agency agrees to administer the program in accordance with the Older

Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Kauai Agency on Elderly Affairs, shall prepare and develop an area plan for the next four years which shall provide assurances that the Kauai Agency on Elderly Affairs will set specific objectives for providing services to older individuals, people with disabilities, and their caregivers, with limited English proficiency. No means test shall be used to qualify any individual for services supported with funds from the Administration on Aging.

Definition

HRS Sec. 321C-2: "an individual who, on account of <u>national origin</u>, does not speak English as the person's primary language and self identifies as having a limited ability to read, write, speak or understand the English language."

Methods

- 1) The Kauai Agency on Elderly Affairs' (KAEA) Information and Referral staff will conduct home visits within designated areas to determine needs of older adults, people with disabilities, and their caregivers, and provide information on available services and resources.
- 2) The KAEA Information and Referral staff will conduct outreach at elderly and public housing facilities to identify older adults, people with disabilities, and their caregivers, in need of services or assistance.
- 3) The KAEA will make efforts to provide public education/media activities to reach those older adults, people with disabilities, and their caregivers, who have limited English proficiency.
- 4) Agency representatives who provide services to older adults, people with disabilities, and their caregivers, with limited English proficiency are invited to participate on the AEA Advisory Council and other committees.
- 5) The KAEA will continue to develop partnerships and coordinate and collaborate with agencies to maximize service delivery. These partnerships may include clinics, cultural organizations, Kauai Economic Opportunity, Inc., Catholic Charities, the Dept. of Health, and the Dept. of Human Services.
- The KAEA staff will be encouraged to participate on local boards, committees, and advisory councils with agencies who have the experience and target those who have limited English proficiency.
- 7) The KAEA and its service providers will make efforts to hire and recruit bilingual staff that is able to communicate with those who speak or understand limited English.
- 8) The KAEA will encourage service providers to participate in cultural activities to identify those with limited English proficiency and may be in need of services.

VI. Methods for Assuring Service Preference to Older Individuals, People with Disabilities, and their Caregivers, Residing in Rural Areas

Declaration of Compliance

The Area Agency agrees to administer the program in accordance with the Older

Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Kauai Agency on Elderly Affairs, will provide assurances that its outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on older individuals, people with disabilities, and their caregivers, residing in rural areas.

Definitions

Older Individual: An individual who is 60 years of age or older. [OAA, Sec. 102 (35)].

Disability: (Except when such term is used in the phrase "severe disability", "developmental disabilities", "physical or mental disability", "physical and mental disabilities", or "physical disabilities") a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (8)).

Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (4)).

Rural: An area that is not urban.

Definition: Beginning in FY 97, the Administration on Aging definition of rural for purposes of SPR reporting: A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

Methods

- 1) The Kauai Agency on Elderly Affairs' Information and Referral staff will conduct home visits within designated areas to determine needs of older adults, people with disabilities, and their caregivers, and provide information on available services and resources.
- 2) The Kauai Agency on Elderly Affairs' Information and Referral staff will conduct outreach at elderly and public housing facilities to identify those seniors, people with disabilities, and their caregivers, in need of services or assistance.
- 3) The KAEA will provide public education/media activities to reach older adults, people with disabilities, and their caregivers.
- 4) Agency representatives who service older adults, people with disabilities, and their caregivers, are invited to participate on the AEA Advisory Council and other committees.
- 5) The KAEA will develop partnerships and coordinate and collaborate with agencies to maximize resources. These partnerships may include the County

- Dept. of Parks and Recreation, Kauai Economic Opportunity, Inc., Catholic Charities, the Dept. of Health, and the Dept. of Human Services.
- 6) The KAEA staff will be encouraged to participate on local boards, committees, and advisory councils to provide information and advocacy on behalf of older adults, people with disabilities, and their caregivers.
- 7) The KAEA will encourage service clubs, individuals, and the private sector to conduct service projects and/or funding for older adults, people with disabilities, and their caregivers, within the community.
- 8) The KAEA and its service providers will make efforts to hire and recruit bilingual staff that is able to communicate with rural, minority elderly, people with disabilities, and their caregivers who speak or understand limited English or are geographically isolated.
- 9) The KAEA will participate and encourage service providers to participate in community events to promote services.



2015 I&R Day Proclamation presented by Mayor Bernard P. Carvalho, Jr. I&R Staff: Gale Kashuba, Edith Abigania, Iris Parongao, Julie Kajiwara, Mayor Carvalho, Emrids Kiamzon, Rose Manago, Patricia Gonsalves, Kealoha Takahashi

VII. Methods to Increase Access by Older Individuals, People with Disabilities, and Their Caregivers, who are Native Americans (American Indians, Alaskan Natives, and Native Hawaiians)

Declaration of Compliance

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging. The Area Agency on Aging, namely the Kauai Agency on Elderly Affairs, will provide assurances that its outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on older individuals, persons with disabilities, and their caregivers, who are Native Americans (American Indians, Alaskan Natives, and Native Hawaiians).

Definitions

Native American: Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec. 601).

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. (Instructions for Completion of Title III and VII SPR).

Native Hawaiian: Any individual any of whose ancestors were natives of the area that consists of the Hawaiian Islands prior to 1778. (OAA, Sec. 625).

Methods

- The Kauai Agency on Elderly Affairs will provide information and assistance, and outreach efforts to identify individuals eligible for assistance under its Area Plan, with special emphasis on older American Indians, Alaskan Natives, and Native Hawaiians, and inform such individuals of the availability of available services.
- 2) The KAEA will identify cultural events in the community and make efforts to participate and promote services.
- 3) The KAEA will continue to develop partnerships with agencies that provide services or programs to older Native American individuals and will coordinate and collaborate on client referrals to maximize resources.
- 4) The KAEA will continue to develop partnerships with agencies that provide services or programs to older Native American individuals, Native American individuals with disabilities, and their caregivers, to collaborate on community events and programs.
- 5) Agency representatives who service older adults, people with disabilities, and their caregivers, and have the experience of working with Native Americans are invited to participate on the AEA Advisory Council and other committees.

EXHIBIT P-2a: Targeting Services -- The Previous Year, 2013-2014

Characteristics

The Kauai Agency on Elderly Affairs (KAEA) made efforts to identify and provide services to older individuals with greatest economic need, older individuals with greatest social need, older individuals who are low-income minority, older individuals residing in rural areas and older individuals who are Native Americans.

According to a special data run by the Hawaii Health Survey of the Dept. of Health¹, the County of Kauai has 14,142 older adults 60+, comprising 22.4% of Kaua'i's total population.

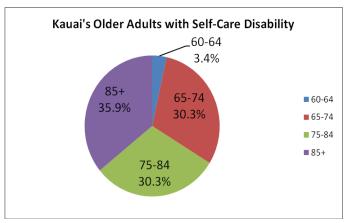
Census information and Executive Office on Aging calculations for the previous Area Plan indicated that Kaua'i County's Asian older adults have continued to comprise the largest race category for Kaua'i's seniors since 2000. 2009 calculations by the State Dept. of Business, Economic Development & Tourism (HDBEDT)² indicate that Asian alone group continues to comprise the largest group by race at 47.3% of the older population. This is followed by White at 39.8%, Native Hawaiian and other Pacific Islander group being the third largest at 11.9%, and Black comprising .3%.

Special data run by the Hawaii Health Survey (HHS) of the Dept. of Health indicate that of the 60+ population on Kauai, 10% or 1,410 are at the below poverty – poor income level, based on the Health and Human Services (HHS) poverty guidelines. This is followed by 23.2% or 3,275 who are considered at the near poor income level (100 – 199% of poverty level). In comparison from the previous Area Plan, this shows an increase from previous Census 2000 data used in 2006 which indicated that 7.5% of 7,439 (558) minority older adults on Kaua'i were in poverty.

HHS information also shows nearly 1 out of 3 older adults 60+ or 32.9% (4,646) who live alone on Kauai. 52% of Kaua'i's older adult population suffer from 2 – 4 chronic health conditions

(conditions which are persistent or continual), which include diabetes or high blood pressure. 17.8% rate their health in general as "fair", with another 6.4% who rate their health as "poor".

According to data from the U.S. Census information for the Administration on Aging³, 37.7% of Kaua'i's older adults had a disability, which included sensory and



Source: Kauai Area Plan on Aging, 2011-2015

Hawai'i Health Survey, Hawai'i State Dept. of Health, Special Run, February, 2010

² Population Division, U.S. Census Bureau; produced by the Hawaii State Department of Business, Economic Development & Tourism, release date: 6/10/10

³ Source: U.S. Administration on Aging, Special Tabulation on Aging (STP9), from the U.S. Census Bureau

physical disability, self-care disability (not being able to care for oneself), or disability with going outside of the home. Of that, 58.6% have a physical disability, with 18.4% having a disability to care for oneself. The 85+ represents the largest group with a self-care disability. This will impact on services such as personal care, which is help with bathing, dressing, and grooming, and caregiver support services.

Methods Used to Satisfy Their Service Needs

- 1) The Kaua'i Agency on Elderly Affairs' (KAEA) Information and Referral (I & R) staff coordinated Senior Identification Card outreach sessions at senior centers, senior housing projects, health fairs and senior conferences in the community.
- 2) The KAEA's Information and Referral (I & R) staff provided assistance to older adults and persons with disabilities with Medicare Part D comparisons and enrollment.
- 3) The KAEA I & R staff planned and coordinated Medication Safety workshops at various neighborhood centers in partnership with Lifeway Pharmacy.



KAEA I & R coordinated a Medication Safety workshop at the Lihue Neighborhood Center.

- 4) The KAEA I & R staff conducted Outreach activities at elderly housing projects and food pantries to identify older adults in greatest economic and social need.
- 5) The KAEA I & R staff presented information to senior center club participants and were available at senior center assembly days and other activities to identify seniors in need and provide information and assistance.
- 6) The KAEA staff provided public education and distribution of KAEA brochures to local churches, clinics and at community events such as farmer's markets.
- 7) The KAEA staff provided information and assistance with enrollment to affordable health plans for the Hawaii Health Connector and assistance with Medicaid applications for qualified individuals and families .
- 8) Community presentations were conducted by KAEA staff to local agencies, organizations and large employers such as hotels and agricultural businesses.
- 9) The KAEA developed partnerships with local agencies to support and participate at many community events, such as Grandparents (Ohana Caregivers) Raising Grandchildren conference, First Hawai'ian Bank's annual Primetime Wellness Fair, and Kaua'i Developmental Disabilities Council Annual Forum.

- 10) The AEA I & R staff collaborated and coordinated services with community agencies on client referrals.
- 11) AEA collaborated with Alu Like to encourage older adults to participate in Kaua'i's Healthy Aging Project activities (EnhanceFitness and Better Choices, Better Health).
- 12) The KAEA collaborated with service clubs, churches, and the private sector to encourage service projects and/or support to low-income minority individuals. These activities included Rotary Club of Po'ipu's donation of gift baskets, Zonta Club of Kaua'i's Annual Christmas Fund, and Kaua'i Island Utility Cooperative who provides free refrigerators to older adults in need. Churches, which included the Kalāheo Missionary Church and Kōloa Christian Fellowship, have donated and delivered holiday meals to homebound older adults.
- 13) The KAEA staff has coordinated its annual Long Term Care Giving Project, identifying one LTC facility and collecting and donating needed items for residents. The staff also supports the Annual Alzheimer's Association Memory Walk with an organized team and fundraising.



2014 MEMORY KEEPERS TEAM: Teresa Caires, Edith Abigania, Donna Olivas-Kaohi, Emrids Kiamzon, Grace Delos Reyes, Rose Manago, Julie Kajiwara, Johnny Yago, Patricia Gonsalves, Kathy Coil.

14) There are six AEA staff who are bilingual and have provided interpretation services to assist older adults in accessing services.

Extent Objectives Met

In fiscal year 2013 – 2014, the Kauai Agency on Elderly Affairs assisted 2,045 older adults residing on Kaua'i:

- 392 (19%) older individuals with greatest economic need
- 598 (29%) older individuals with greatest social need
- 258 (13%) low-income minority older individuals
- 18 (1%) Native Americans.

EXHIBIT P-2b: Previous Year's Targeting Outputs (FY 2014)

Programs and Services	Total Fund Budget	FY 14 Expenditures	Greatest Economic Need	Greatest Social Need	Low Income Minority	Rural	At Risk for Institution- alization	Limited English Proficiency	Native American
Access	Dauget	<u> </u>	11000	1	I .	II.	unnauon	Tronciency	ı
Information & Assistance	\$376,700	\$325,795	320	471	216	1420	348	12	10
Outreach	\$94,175	\$62,175	190	279	121	809	203	3	8
Case Management	\$65,302	\$27,334	12	26	7	55	26	-0-	-0-
KC Transportation	\$125,934	\$136,250	32	56	28	147	81	6	
In-home	1		ı	- I	· I	1			
Chore	\$0	\$0				-0-			
Homemaker	\$92,099	\$62,904	8	24	5	32	12	-0-	-()-
Personal Care	\$83,996	\$106,117	4	3	2	25	13	1	-0-
Adult Day Care	\$85,205	\$102,558	4	5	3	28	17	1	-0-
Friendly Visiting	\$7,000	\$7,000	2	2	1	6	2	-0-	-0-
Telephone Reassurance	\$7,000	\$7,000	1	1	1	2	-0-	-0-	-()-
Senior Companion	\$0	\$0							
Legal	1		ı	- I	· I	1			
Legal Assistance	\$98,760	\$71,495	88	105	50	328	105	1	1
Other – Caregiver	support					<u> </u>			
Counseling/ Support/ Training	\$30,274	\$30,485	4	9	3	126	8	-0-	1
Respite-In Home	\$15,700	\$22,501	-0-	-0-	-0-	9	-0-	-0-	-()-
Information Services	\$1,750	\$1,750				435			
Other – Grandpar	ent support			•	•	•	'	•	
Support/ Training	\$3,366	\$3,670				11			
Respite	\$2,009	\$2,455				12			
Supportive Service	es	ı	I	I	1	ı	1		<u>I</u>
Volunteer	\$149,273	\$140,273				355			
Health Promotion/ Disease Prevention	\$7,601	\$10,307	2	9	-0-	23	1	-0-	-0-
Exercise/Physical Fitness	\$157,030	\$123,975	13	77	12	195	8	-0-	1
Meals-Home Delivered	\$839,435	\$415,406	57	112	51	329	112	6	1
Meals- Congregate	\$158,613	\$70,766	43	83	36	195	18	-0-	1

^{*}includes Alaskan Native, American Indian and Native Hawaiian

EXHIBIT Q: Waiver to Provide Direct Service

Waiver to Provide Direct Service

KAUAI AGENCY ON ELDERLY AFFAIRS

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE For the period beginning <u>July 1, 2015</u> through <u>June 30, 2016</u>

Service

Retired and Senior Volunteer Program - RSVP

Title III Reference

OAA Sec.3026(a)(12) Each plan shall, in the discretion of the area agency on aging, provide for a Program Director, who shall encourage, organize, and promote the use of older individuals as volunteers to local communities within the area.

OAA Sec.3027(a)(8)(a) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the area agency on aging in the State, unless, in the judgment of the State agency-- provision of such services by the area agency on aging is necessary to assure an adequate supply of such services; such services are directly related to such area agency on aging's administrative functions; or such services can be provided more economically, and with comparable quality, by such area agency on aging.

Funding Source

	CNCS*	State	County
	\$65,847	- 0 -	\$90,635
TOTAL \$157,676	\$65,847	- 0 -	\$90,635

^{*}CNCS (Other Federal) – Corporation for National and Community Service

Justification

• Kauai RSVP organizes and promotes volunteer opportunities for volunteers 55 years and older who seek to find challenging, rewarding and significant service opportunities in their local communities. RSVP member's interests are matched with community needs and volunteer opportunities with government agencies, nonprofits, faith based, and other community organizations on Kauai. RSVP's primary focus is Healthy Futures – increasing seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible, increasing food security, improving access to health care and promoting good health. Other service areas include protecting and restoring the

environment, tutoring school children, assisting veterans and military service members and their families, volunteering in thrift shops and hospitals, assisting in museums and doing special projects.

- The provision of RSVP services by the Kauai Agency on Elderly Affairs (KAEA) is
 necessary to assure an adequate supply of such services. RSVP is an added resource for
 the KAEA to provide services to the elderly and enhance its service delivery and
 strengthen its infrastructure.
- These services are directly related to the Area Agency on Aging's (AAA) administrative
 functions. The AAA has been the designated grantee organization for the past 41 years
 and provides all in-kind support that may not be readily available through other
 community agencies.
- The RSVP component is the only program within the County of Kauai with a core of hundreds of experienced volunteers and a long term history and track record of experience on volunteerism since 1973. This grantee/grantor relationship has progressed over the years into a well-developed partnership, which significantly enhances elderly services through volunteerism and demonstrates that it has provided the service effectively and efficiently. This enhancement of elderly services is expected to increase as program changes at the Corporation for National & Community Services are streamlining the focus areas for RSVP volunteers to provide greater impact on the areas of greatest community need. The new focus areas are Healthy Futures, Education, Veterans and Military Families, Environmental Stewardship, Economic Opportunities and Disaster Services.
- During FY2014, 377 RSVP volunteers provided 31,554 hours of community service.
 The average value of volunteering in Hawaii is \$18.14/hour, as determined by
 Independent Sector, a coalition of nonprofits, foundations, and corporate philanthropy
 organizations. Based on this, the computed value contributed by Kauai's RSVP
 volunteers is estimated at \$572,390.
- According to the RSVP Program Operation Handbook, "the RSVP sponsor is required to supplement the CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS) grant with other budget support to the fullest extent possible and at least equal in amount to the local support negotiated between CNCS and the sponsor." KAEA, as the sponsoring agency, has continued to match the CORPORATION FOR NATIONAL AND COMMUNITY SERVICE grant with funds provided by the County.

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.

Waiver to Provide Direct Service

KAUAI AGENCY ON ELDERLY AFFAIRS

(Area Agency on Aging)

JUSTIFICATION FOR AREA AGENCY'S DIRECT PROVISION OF SERVICE For the period beginning <u>July 1, 2015</u> through <u>June 30, 2016</u>

Service

Evidence-based Programs: EnhanceFitness Program

Chronic Disease Self-Management Program (CDSMP) –

also known as Better Choices, Better Heal

Title III Reference

OAA Sec.3027(a)(8)(a) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the area agency on aging in the State, unless, in the judgment of the State agency-- provision of such services by the area agency on aging is necessary to assure an adequate supply of such services; such services are directly related to such area agency on aging's administrative functions; or such services can be provided more economically, and with comparable quality, by such area agency on aging.

OAA Sec. 102(14)(D) **Disease Prevention and Health Promotion Services definition** refers to evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition.

Funding Source

G	<u>AoA</u>	County	State
Enhance Fitness	\$ 7,358		\$105,757
CDMSP/DSMP		\$114,211	\$ 28,320
TOTALS \$255,646	\$ 7,358	\$114,211	\$134,077

AoA – U.S. Administration on Aging

County - County of Kauai

State – State of Hawaii

Justification

The Older Americans Act amendments of 2006 directed the aging network at all levels, which includes the Area Agency on Aging, to actively promote the opportunity to enable older adults to live healthier lives through the delivery of evidence-based disease and disability prevention programs. One of these programs is EnhanceFitness, a physical activity program for older adults and another is Better Choices, Better Health (BCBH), a

Chronic Disease Self-Management Program. Both evidence-based programs have been researched, tested and proven to be effective in communities.

- The U.S Administration on Aging's Strategic Action Plan includes efforts to move forward changes in the long-term care system at the state and community levels. One of its priorities is building evidence-based prevention into our community based systems for services. These prevention programs help older people to make behavioral changes that will reduce their risk of disease, disability and injury, which can lead to increased healthcare costs.
- EnhanceFitness is a nationally recognized, evidence-based program developed by the University of Washington and Senior Services in Seattle, Washington. It is a group exercise program designed for older adults to improve their overall functional fitness through classes held three times a week. The design of the program includes exercises to address balance, strength, endurance, and flexibility, and is geared to the level of both active and frail older adults.
- It is commonly recognized that regular physical activity in the older adult population can decrease the risk of developing high blood pressure, osteoporosis, heart disease, diabetes and depression or help to manage chronic disease and prevention of falls.
- The provision of the EnhanceFitness program by the Kaua'i Agency on Elderly Affairs (KAEA) is necessary to assure an adequate supply of these services, and is directly related to the area agency on aging's administrative functions. Providing these services enhances KAEA's existing service delivery and coordinated system of community-based services for a wide spectrum of older adults.
- BCBH is a nationally recognized, evidence-based program developed by Stanford University. It is a series of six weekly classes for persons with a chronic health condition, teaching them about goal setting and action planning, and discusses relevant topics including exercise, nutrition, and medication management.
- The provisions of the BCBH program by the Kauai Agency on Elderly Affairs (KAEA) is necessary to assure an adequate supply of these services, and is directly related to the area agency on aging's administrative functions. Providing this program enhances KAEA's existing service delivery and coordinated system of community-based services to address the needs for a wide spectrum of older adults.
- Since 2003, the KAEA has worked in partnership on a statewide Healthy Aging Project committee with the State Executive Office on Aging and the State Dept. of Health, with the overall goal of improving the health status of older adults. Consequently, the KAEA has implemented Healthy Aging activities on Kaua'i since 2004 and has developed partnerships on Kaua'i to collaborate and coordinate its efforts.
- In August, 2006, the KAEA participated in a statewide effort to apply for Administration on Aging funding to implement evidence-based, disease prevention programs in Hawaii. Kauai received funding to implement the EnhanceFitness program in July, 2007 at two

nutrition sites/senior centers. Interest in the program has led to the expansion of seven sites and nine classes throughout the community. In fiscal year 2009, Kauai received funding to implement the BCBH program.

- In 2011, the KAEA received funds from the Department of Health and Human Services Communities Putting Prevention to Work (CPPW), through the State Department of Health, to expand the EnhanceFitness program in Kapaa and train more BCBH workshop leaders and continue implementation of the workshops.
- KAEA staff has provided the necessary oversight and has monitored the requirements of the program to maintain program fidelity and has provided the leadership for the Healthy Aging partnership development. KAEA staff has also provided on-going in-kind support to assist with participant recruitment, registration, and Fitness Checks, which measures participants' progress in the program.

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.

EXHIBIT R: Waiver of Priority Categories of Services

County of Kaua'i Agency on Elderly Affairs
JUSTIFICATION FOR WAIVER
PRIORITY CATEGORIES OF SERVICES
For the duration of the Area Plan (FY 2016-2019)

The Area Agency on Aging is required to spend at least 40 percent of its Title III-B allotment in the priority categories of services, with some expenditures occurring in each category. If the Area Agency on Aging wishes to waive this requirement, it must identify the category of service which will be affected and provide a justification and documentation as required by Section 306(b). If the waiver is granted, the Area Agency on Aging certifies that it shall continue to expend at least 40 percent of its Title III-B annual allocation for the remaining priority categories of services.

Priority Service	Check Category Affected
Access (Transportation, Health Services, Outreach, and Information and Assistance, and Case Management Services)	<u>N/A</u>
In Home Services (including supportive Services for Families of Older Individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction).	<u>N/A</u>
Legal Assistance	<u>N/A</u>

Justification

EXHIBIT S: PART IV. Funding Plan Previous Year Expenditures for Priority Services (FY 2014) Title III Part B Federal Funds Only

In accordance with the Older Americans Act [Section 306 (a) (2)] the Area Agency is disclosing the amount of funds expended for each category of services during the fiscal year most recently concluded.

Service	Compliance	FY 14 Actual	% for Title III				
	Amount (Dollars)	Expenditures	Categories				
ACCESS							
Information & Assistance	25,843	148,720	54%				
Outreach	6,461	37,180	14%				
Sub-total	32,304	185,900	68%				
SUPPORTIVE SERVICES: IN-HOME							
Friendly Visiting	5,384	7,000	2.5%				
Telephone Reassurance	5,384	7,000	2.5%				
Sub-total	10,768	14,000	5%				
LEGAL							
Legal Assistance	43,072	72,222	27%				
Sub-total	43,072	72,222	27%				
Title III Part B Total	86,144	272,122					

Compliance Amount – minimum amount required to be in compliance.

EXHIBIT T-1: Planned Service Outputs and Resources Allocation Levels

Year 2016

1,400 1,006 90 130 10ME 35 25	Units 6,700 Contacts 1,006 Contacts 846 Hours 15,100 Trips 1,975 Hours	\$42.00 \$70.00 \$65.00 \$8.34	\$93,264 \$188,536 \$23,316 \$47,134 \$55,000 \$125,934	NB S NB S A
1,006 90 130 <i>OME</i> 35	1,006 Contacts 846 Hours 15,100 Trips 1,975 Hours	\$70.00 \$65.00 \$8.34	\$188,536 \$23,316 \$47,134 \$55,000	S NB S A
1,006 90 130 <i>OME</i> 35	1,006 Contacts 846 Hours 15,100 Trips 1,975 Hours	\$70.00 \$65.00 \$8.34	\$188,536 \$23,316 \$47,134 \$55,000	S NB S A
90 130 OME 35	846 Hours 15,100 Trips 1,975 Hours	\$65.00 \$8.34	\$23,316 \$47,134 \$55,000	NB S A
90 130 OME 35	846 Hours 15,100 Trips 1,975 Hours	\$65.00 \$8.34	\$47,134 \$55,000	S A
130 IOME 35	15,100 Trips 1,975 Hours	\$8.34	\$55,000	A
130 IOME 35	15,100 Trips 1,975 Hours	\$8.34	•	
35	1,975 Hours		\$125,934	A
35	,	\$24.00		
	,	\$24.00		
25		ΨΔ7.00	\$47,410	A
	2,135 Hours	\$27.00	\$57,640	A
30	9,585Hours	\$5.50	\$52,715	A
10	10 Requests	\$539.70	\$5,397.000	NB
200	400 Contacts	\$0	\$0	
200	400 Contacts	\$0	\$0	
135	145 Sessions	\$94.00	\$13,656	NE
80	40 Sessions	\$325.00	\$13,000	NE
100	8 Sessions	\$667.00	\$5,336	NE
10	993 Hours	\$26.16	\$25,977	NE
25	7 activities	\$250.00	\$1,750	NE
70	12	\$100.45	\$5,284	NE
	135 80 100 10 25	135 145 Sessions 80 40 Sessions 100 8 Sessions 10 993 Hours 25 7 activities 70 12 sessions	135 145 Sessions \$94.00 80 40 Sessions \$325.00 100 8 Sessions \$667.00 10 993 Hours \$26.16 25 7 activities \$250.00 70 12 sessions \$100.45	135 145 Sessions \$94.00 \$13,656 80 40 Sessions \$325.00 \$13,000 100 8 Sessions \$667.00 \$5,336 10 993 Hours \$26.16 \$25,977 25 7 activities \$250.00 \$1,750 70 \$5,284

Programs and Services	Projected N Unduplicat Service Uni	ed Persons and	Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	350			\$65,847	NO
				\$90,635	S
Disease Prevention-	200	1,404 Sessions	\$161.91	\$105,757	A
Enhance Fitness				\$114,211	S
				\$7,358	ND
Disease Prevention- Better Choices, Better Health	70	7workshops 42 Sessions	\$849.47	\$28,320	A
- NUTRITION PROGRAM					
Meals-Home Delivered	300	39,623 Meals	\$8.75	\$88,900	NC2
				\$128,955	S
				\$128,850	A
Meals-Congregate	200	10,600 Meals	\$7.00	\$74,187	NC1
LEGAL SERVICES					
Legal Assistance	300	1,295 Hours	\$50.50	\$64,767	NB

NB = Federal Funds (Title III-Part B)
NC-1 = Federal Funds (Title III-Part C-1)
NC-2 = Federal Funds (Title III-Part C-2)
ND = Federal Funds (Title III-Part D)
NE = Federal Funds (Title III-Part E)

NO = Federal Funds (Other)

NO - CPPW = Communities Putting Prevention To Work

ARRA = American Recovery and Reinvestment Act of 2009

A = State General Funds (General Funds)

AO = State Funds (Other)

S = County Funds (Cash only)

PI = Includes all income generated by the program including client voluntary contributions money raised by the program through fund raising activities (such as bake sales, etc.)

proceeds from the sale of tangible property, royalties, etc.

O = Other funds used directly by the program including but not limited to trust funds, private

donations, etc. (cash only)

XS = County In-kind XO = Other In-kind

Planned Service Outputs and Resource Allocation Levels Year 2017

Programs and Services	Projected N Unduplicat Service Uni	ed Persons and	ed Persons and Source		by Funding	
	Persons	Units	Unit Cost	Allocation	Sources	
ACCESS	•				•	
Information & Assistance	1,400	6,000 Contacts	\$56.06	\$96,000	NB	
				\$240,352	S	
Outreach	1,200	1,200 Contacts	\$70.00	\$24,000	NB	
				\$60,088	S	
Case Management	100	1,042 Hours	\$65.00	\$67,704	A	
Transportation	125	15,700 Trips	\$8.34	\$130,934	A	
				\$278,000	XO	
SUPPORTIVE SERVICES.	IN-HOME					
Homemaker	25	3,797 Hours	\$23.50	\$89,224	A	
Personal Care	25	4,704 Hours	\$26.16	\$123,065	A	
Adult Day Care	50	20,640 Hours	\$4.31	\$88,960	A	
Friendly Visiting	50	751 Visits	\$7.19	\$5,400	NB	
Telephone Reassurance	20	1,949 Calls	\$2.77	\$5,400	NB	
Senior Companion Program	6	4,320 Hours	\$0	\$0		
Caregiver Support Services	•					
Information	200	400 Contacts	\$0	\$0		
Assistance	200	400 Contacts	\$0	\$0		
Counseling/Support Groups/ Training	50	125 Sessions	\$215.00	\$27,205	NE	
Respite – In-home	10	993 Hours	\$26.16	\$25,977	NE	
Information Services - activities	25	7 activities	\$250.00	\$1,750	NE	
Grandparents Raising Grandchildren	70			\$7,000	NE	
respitesupport groupinformation servicescaregiver training		20 sessions 20 sessions 4 group sessions	\$100 \$175 \$375			

Programs and Services	Projected N Unduplicat Service Uni	ed Persons and	Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	350			\$65,847	NO
				\$90,635	S
Disease Prevention-	200	1,404 Sessions	\$161.91	\$105,757	A
Enhance Fitness				\$114,211	S
				\$7,358	ND
Disease Prevention- Better Choices, Better Health	70	7workshops 42 Sessions	\$849.47	\$28,320	A
- NUTRITION PROGRAM					
Meals-Home Delivered	300	39,623 Meals	\$8.75	\$88,900	NC2
				\$128,955	S
				\$128,850	A
Meals-Congregate	200	10,600 Meals	\$7.00	\$74,187	NC1
LEGAL SERVICES					
Legal Assistance	300	1,295 Hours	\$50.50	\$64,767	NB

NB = Federal Funds (Title III-Part B)
NC-1 = Federal Funds (Title III-Part C-1)
NC-2 = Federal Funds (Title III-Part C-2)
ND = Federal Funds (Title III-Part D)
NE = Federal Funds (Title III-Part E)

NO = Federal Funds (Other)

ARRA = American Recovery and Reinvestment Act of 2009

A = State General Funds (General Funds)

AO = State Funds (Other) S = County Funds (Cash only)

PI = Includes all income generated by the program including client voluntary contributions

money raised by the program through fund raising activities (such as bake sales, etc.)

proceeds from the sale of tangible property, royalties, etc.

O = Other funds used directly by the program including but not limited to trust funds, private

donations, etc. (cash only)

XS = County In-kind XO = Other In-kind

^{*} dependent upon other sources of funding

Planned Service Outputs and Resource Allocation Levels Year 2018

Programs and Services	Projected N Unduplicat Service Uni	ed Persons and	Projected T Source	Total Allocation b	ntion by Funding	
	Persons	Units	Unit Cost	Allocation	Sources	
ACCESS	•				•	
Information & Assistance	1,400	6,000 Contacts	\$56.06	\$96,000	NB	
				\$240,352	S	
Outreach	1,200	1,200 Contacts	\$70.00	\$24,000	NB	
				\$60,088	S	
Case Management	100	1,042 Hours	\$65.00	\$67,704	A	
Transportation	125	15,700 Trips	\$8.34	\$130,934	A	
				\$278,000	XO	
SUPPORTIVE SERVICES:	IN-HOME					
Homemaker	25	3,797 Hours	\$23.50	\$89,224	A	
Personal Care	25	4,704 Hours	\$26.16	\$123,065	A	
Adult Day Care	50	20,640 Hours	\$4.31	\$88,960	A	
Friendly Visiting	50	751 Visits	\$7.19	\$5,400	NB	
Telephone Reassurance	20	1,949 Calls	\$2.77	\$5,400	NB	
Senior Companion Program	6	4,320 Hours	\$0	\$0		
Caregiver Support Services	•					
Information	200	400 Contacts	\$0	\$0		
Assistance	200	400 Contacts	\$0	\$0		
Counseling/Support Groups/ Training	50	125 Sessions	\$215.00	\$27,205	NE	
Respite – In-home	10	993 Hours	\$26.16	\$25,977	NE	
Information Services - activities	25	7 activities	\$250.00	\$1,750	NE	
Grandparents Raising Grandchildren	70			\$7,000	NE	
respitesupport groupinformation servicescaregiver training		20 sessions 20 sessions 4 group sessions	\$100 \$175 \$375			

Programs and Services	Projected N Unduplicat Service Uni	ed Persons and	Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	350			\$65,847	NO
				\$90,635	S
Disease Prevention-	200	1,404 Sessions	\$161.91	\$105,757	A
Enhance Fitness				\$114,211	S
				\$7,358	ND
Disease Prevention- Better Choices, Better Health	70	7workshops 42 Sessions	\$849.47	\$28,320	A
- NUTRITION PROGRAM					
Meals-Home Delivered	300	39,623 Meals	\$8.75	\$88,900	NC2
				\$128,955	S
				\$128,850	A
Meals-Congregate	200	10,600 Meals	\$7.00	\$74,187	NC1
LEGAL SERVICES	<u> </u>				
Legal Assistance	300	1,295 Hours	\$50.50	\$64,767	NB

NB = Federal Funds (Title III-Part B)
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money raised by the program through fund raising activities (such as bake sales, etc.)

proceeds from the sale of tangible property, royalties, etc.

O = Other funds used directly by the program including but not limited to trust funds, private

donations, etc. (cash only)

XS = County In-kind XO = Other In-kind

^{*} dependent upon other sources of funding

Planned Service Outputs and Resource Allocation Levels Year 2019

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source						
	Persons	Units	Unit Cost	Allocation	Sources				
ACCESS	ACCESS								
Information & Assistance	1,400	6,700 Contacts	\$42.00	\$93,264	NB				
				\$188,536	S				
Outreach	1,006	1,006 Contacts	\$70.00	\$23,316	NB				
				\$47,134	S				
Case Management	90	846 Hours	\$65.00	\$55,000	A				
Transportation	130	15,100 Trips	\$8.34	\$125,934	A				
SUPPORTIVE SERVICES:	IN-HOME								
Homemaker	35	1,975 Hours	\$24.00	\$47,410	A				
Personal Care	25	2,135 Hours	\$27.00	\$57,640	A				
Adult Day Care	30	9,585Hours	\$5.50	\$52,715	A				
Home Modification	10	10 Requests	\$539.70	\$5,397.000	NB				
Caregiver Support Services									
Information	200	400 Contacts	\$0	\$0					
Assistance	200	400 Contacts	\$0	\$0					
Counseling	135	145 Sessions	\$94.00	\$13,656	NE				
Support Groups	80	40 Sessions	\$325.00	\$13,000	NE				
Training	100	8 Sessions	\$667.00	\$5,336	NE				
Respite – In-home	10	993 Hours	\$26.16	\$25,977	NE				
Information Services - activities	25	7 activities	\$250.00	\$1,750	NE				
Grandparents Raising Grandchildren - respite - support group	70	12 sessions 20 sessions	\$100.45 \$187	\$5,284	NE				

Programs and Services	Projected Number of Unduplicated Persons and Service Units		Projected Total Allocation by Funding Source		
	Persons	Units	Unit Cost	Allocation	Sources
Volunteer	350			\$65,847	NO
				\$90,635	S
Disease Prevention-	200	1,404 Sessions	\$161.91	\$105,757	A
Enhance Fitness				\$114,211	S
				\$7,358	ND
Disease Prevention- Better Choices, Better Health	70	7workshops 42 Sessions	\$849.47	\$28,320	A
- NUTRITION PROGRAM	,				
Meals-Home Delivered	300	39,623 Meals	\$8.75	\$88,900	NC2
				\$128,955	S
				\$128,850	A
Meals-Congregate	200	10,600 Meals	\$7.00	\$74,187	NC1
LEGAL SERVICES					
Legal Assistance	300	1,295 Hours	\$50.50	\$64,767	NB

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proceeds from the sale of tangible property, royalties, etc.

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donations, etc. (cash only)

XS = County In-kind XO = Other In-kind

^{*} dependent upon other sources of funding

EXHIBIT T-2: Minimum Percentages for Title III Part B Categories of Services

For the duration of the Area Plan, the Area Agency on Aging assures that the following minimum percentages of funds received for Title III-B will be expended to provide each of the following categories of services, as specified in OAA Section 306(a):

Categories of Services	Percent
Access	5%
In Home	5%
Legal	30%
Total Percent	40%

^{*}Transportation, health services (including mental health services), outreach, information and assistance, and case management services)

Exhibit U: PART V. Evaluation Strategy

The County of Kaua'i Agency on Elderly Affairs is developing and will implement an evaluation plan of their respective Area Plans. The evaluation plan is based on the stated goals and objectives as described in Part V of the Area Plan. The evaluation plan consists of process and outcome evaluations, and will address the following questions:

Process evaluation:

- 1. To what extent were the stated activities met?
- 2. Who and how many were served?
- 3. To what extent were the targeted populations served?
- 4. To what extent were the services utilized?
- 5. How does current performance compare to previous performance?

Outcome evaluation:

- 6. To what extent were the stated objectives met?
- 7. How satisfied were the clients with the services provided?
- 8. To what extent were there changes in the clients' knowledge, attitude, and behavior?
- 9. How successful were the services in terms of cost-benefit?

The County of Kaua'i Agency on Elderly Affairs drafted program logic models for each stated goal. The models identify anticipated/intended resources, activities, outputs, outcomes and measures, and data collection tool. See Appendix H for a template of the program logic model.

The evaluation will be conducted through the use of uniform survey instruments developed by the EOA and the AAAs.

The County of Kaua'i Agency on Elderly Affairs will submit an Annual Cumulative Area Plan Evaluation Report to the EOA. This narrative report will be based on data gathered from the evaluation conducted according to the evaluation plan as well as other reports listed in the Federal and State Reporting Requirements for AAAs.

Appendix A. Assurances

- A1. Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964
- A2. Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended
- A3. General and Program Specific Provisions and Assurances
 - a. General Assurances
 - b. Program Specific Assurances
 - c. Other Assurances as Related to the Code of Federal Regulation 1321.17(F) 1 to 15
 - d. Certification Regarding Lobbying

Appendix A1

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

The County of Kaua'i Agency on Elderly Affairs, (hereinafter called the "Applicant") HEREBY AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the department of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Date	9/11/15	

County of Kaua'i Agency on Elderly Affairs

By

(President, Chairman of Board, or comparable authorized official)

Piikoi Building 4444 Rice Street, Ste. 330 Lihu'e, Hawai'i 96766

Appendix A2

DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to § 84.5 (a) of the regulation [45 C.F.R. 84.5 (a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in § 84.5 (b) of the regulation [45 C.R.R. 84.5(b)].

The recipient: [Check (a) or (b)]

- a. \square employs fewer than fifteen persons
- b. X employs fifteen or more persons and pursuant to § 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulation:

Agency on Elderly Affairs
Name of Designee(s) – Type or Print

County of Kaua'i

Piikoi Bldg., 4444 Rice Street, Ste. 330

Name of Recipient – Type or Print

Street Address

99-6000658

Lihue

(IRS) Employer Identification Number

City

(808) 241-4470

Hawai'i

96766

Area Code & Telephone Number

State

Zip

I Certify that the above information is complete and correct to the best of my knowledge.

Date

Signature of Mayor, County of Kauai

If there has been a change in name or ownership within the last year, please PRINT the former name below:

HHS-641 [7/84) REV.] AEA 9/2002

Appendix A3 General and Program Specific Provisions and Assurances

The County of Kaua'i Agency on Elderly Affairs certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES displayed in the following pages 124 through 138.

Date

Signature of Mayor or His/Her Designee

A3a. General Assurances

The Area Agency will maintain documentation to substantiate all the following assurance items. Such documentation will be subject to State and/or federal review for adequacy and completeness.

1. General Administration

a. Compliance with Requirements

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging.

b. Efficient Administration

The Area Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

c. <u>General Administrative and Fiscal Requirements</u>

The Area Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 92 and 45 CFR 16 except where these provisions are superseded by statute and with the State Policies and Procedures Manual for Title III of the Older Americans Act.

d. Training of Staff

The Area Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

e. <u>Management of Funds</u>

The Area Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and account for all funds under this Plan.

f. Safeguarding Confidential Information

The Area Agency has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

g. Reporting Requirements

The Area Agency agrees to furnish such reports and evaluations to the Director of the Executive Office on Aging as may be specified.

h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the

State or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

i. Amendments to Area Plan

Area Plan amendments will be made in conformance with applicable program regulations.

j. Intergovernmental Review of Services and Programs

The Area Agency will assure that 45 CFR 100 covering Intergovernmental Review of Department of Human Services Programs and Activities be maintained. The regulation is intended to foster an intergovernmental partnership and a strengthened Federalism by relying on State processes and on State, areawide, regional, and local coordination for review of proposed Federal financial assistance and direct Federal development.

k. Standards for a Merit System of Personnel Administration

The Area Agency will assure that there are Standards for a Merit System of Personnel Administration as stated in 5 CFR Part 900, Subpart F.

2. <u>Equal Opportunity and Civil Rights</u>

a. Equal Employment Opportunity

The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.

b. Non-Discrimination on the Basis of Handicap

All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is

readily accessible to and useable by handicapped persons, as specified in 45 CFR 84.

c. <u>Non-Discrimination on the Basis of Age</u>

The Area Agency will assure compliance with 45 CFR 91 which is the regulation for The Age Discrimination Act of 1975 as amended and is designed to prohibit discrimination on the basis of age.

d. Civil Rights Compliance

The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

3. Provision of Services

a. Needs Assessment

The Area Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the PSA for allocating resources to meet those needs.

b. Priorities

The Area Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.

c. <u>Eligibility</u>

The activities covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

d. Residency

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

e. Coordination and Maximum Utilization of Services

The Area Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

4. <u>Non-Construction Programs</u>

a. <u>Legal Authority</u>

The Area Agency has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in non-construction program application.

b. Hatch Act

The Area Agency will comply with the provisions of the Hatch Act (5 U.S.C. SS 1501-1508 and 73224-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

c. Single Audit Act of 1984

The Area Agency will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

d. Other Laws

The Area Agency will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

A3b. Program Specific Provisions and Assurances

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended in 2006.

Section 306 AREA PLANS

- (2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
- (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance;
- and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
- (4)(A)(i)(I) provide assurances that the area agency on aging will—
- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).
- (4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and
- (4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

- (9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.
- (11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will

- pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
- (13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
- (13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and(ii) the nature of such contract or such relationship.
- (13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.
- (13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.
- (13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
- (14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
- (15) provide assurances that funds received under this title will be used-
 - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

In addition, the Area Agency on Aging agrees to comply with the requirements of the Older Americans Act, as amended in 2006, including sections: 305, 307, 373, and 705 and all applicable Federal Rules and Regulations.

A3c. Other Assurances As Related to the Code of Federal Register 1321.17(F) 1 to 15

1321.17(f)(1)

Each Area Agency engages only in activities that are consistent with its statutory mission as prescribed in the Act and as specified in State policies under §1321.11;

1321.17(f)(2)

Preference is given to older persons in greatest social or economic need in the provision of services under the plan;

1321.17(f)(3)

Procedures exist to ensure that all services under this part are provided without use of any means tests;

1321.17(f)(4)

All services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services;

1321.17(f)(5)

Older persons are provided opportunities to voluntarily contribute to the cost of services;

1321.17(f)(6)

Area plans will specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;

1321.17(f)(7)

The State Agency on Aging will develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to Area Agencies where Area Agencies have been designated;

1321.17(f)(8)

The State Agency on Aging will require the area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts will place special emphasis on reaching older individuals with the greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act.

1321.17(f)(9)

Data collection from Area Agencies on Aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs; and

1321.17(f)(10)

If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan and the area plan will demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low-income minorities.

1321.17(f)(11)

Area Agencies will compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance will include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate places.

1321.17(f)(12)

Individuals with disabilities who reside in a non-institutional household with and accompany a person eligible for congregate meals under this part will be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307(a)(13)(I) of the Act.

1321.17(f)(13)

The services provided under this part will be coordinated where appropriate with the services provided under Title VI of the Act.

1321.17(f)(14)

- (i) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (ii) State and Area Agencies on Aging will, consistent with budgeting cycles (annually, biannually, or otherwise), submit the details of proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment; and
- (iii) The State agency certifies that any such expenditure by an Area Agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

1321.17(f)(15)

The State agency will assure that where there is a significant population of older Indians in any planning and service area that the area agency will provide for outreach as required by section 306(a)(6)(N) of the Act.

The Area Agency on Aging will meet all assurances as required under CFR §1321.53 - 1321.61, 1321.63 - 1321.75.

A3d. Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated finds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

County of Kaua'i Agency on Elderly Affairs
Organization

himax Xakalyachi

Hawaii State

Authorized Signature

County Executive on Aging

Date

Appendix B. Staffing

Appendix B. Staffing

Primary Area Agency
Responsibilities
Position with Lead Authority
for Decision-Making for Defined
Responsibilities

1. General Administration

• Overall program administration

• The statement of written procedures for carrying out all defined responsibilities under the Act

 Responding to the views of older persons relative to issues of policy development and program implementation under the Plan

• Hiring of staff resources

• Organization of staff resources

· Liaison to Advisory Council

• Public information

• Overall program policy

• Grants management

• Fiscal management

• Personnel management

• Information management/reporting

2. <u>Program Planning</u>

 Coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older people

 Assessing the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of other public or private programs serving those needs <u>Kesponsiomues</u>

<u>Descriptive Position Title</u> Executive on Aging

Executive on Aging/Planner

Executive on Aging/Planner/
Information & Referral Specialist/Grants
Manager/Program Specialist/Case Manager

Executive on Aging

Executive on Aging

Executive on Aging

I & R Specialist

Executive on Aging

Grants Manager

Accountant

Executive on Aging

Executive on Aging/Planner/
Accountant/I & R Specialist/Grants
Manager/I & R Program Support Tech.

Executive on Aging/Planner

Planner

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
 Defining means for giving preference to older persons with greatest economic or social need 	Executive on Aging/I&R Specialist/ Grants Manager/Planner/Program Specialist
• Defining methods for establishing priorities for services	Executive on Aging/Planner/ I&R Specialist/Grants Manager/Program Specialist
• Conducting research and demonstrations	Executive on Aging/Planner
• Resource identification/Grantsmanship	Executive on Aging/Planner/Grants Manager
 Advocacy Monitoring, evaluating, and commenting on all plans, programs, hearings, and community actions which affect older people 	Executive on Aging/Planner/ I&R Specialist/Grants Manager/Program Specialist/Case Manager
 Conducting public hearings on the needs of older persons 	Executive on Aging/Planner
 Representing the interests of older people to public officials, public and private agencies or organizations 	All staff
• Facilitate the support of activities to increase community awareness of the needs of residents of long term care facilities	I&R Specialist/Program Specialist
 Conducting outreach efforts, with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the Plan 	I&R Specialist
Systems Development	707 6 14
Defining community service area boundaries	I&R Specialist
Designating community focal points	<u>Planner</u>
 Pursuing plans to assure that older people in the planning and service area have reasonably convenient access to services 	Executive on Aging/I&R Specialist Planner

• Entering into subgrants or contracts with service

providers

3.

4.

Grants Manager/Accountant

Executive on Aging/Grants Manager

Primary Area Agency Responsibilities

Position with Lead Authority for Decision-Making for Defined Responsibilities

 Pursuing plans for developing a system of services comprised of access services, in-home services, community services Planner/Program Specialist/Grants Manager/
I & R Specialist/Case Manager/

 Coordinating plan activities with other programs supported by federal, State, and local resources in order to develop a comprehensive and coordinated service system in the planning and service area All staff

5. Program Maintenance

• Monitoring performance of all service providers under the Plan

<u>Grants Manager/I & R Specialist/Program</u> Specialist/Case Manager

• Evaluating performance of all service providers

Executive on Aging/Grants

Manager/Planner/Program Specialist/I & R

Specialist/Accountant/Case Manager

• Providing feedback to providers and key decision-makers

Executive on Aging/Grants Manager/ Accountant

 Monitoring and evaluating coordinated services for older people in the planning and service area Executive on Aging/Grants Manager/
Accountant/Planner/Program Specialist/
I & R Specialist/Case Manager

Appendix C: Glossary

1. Programs, Services, and Activities

Adult Day Care/Adult Day Health: Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with Adult Day Care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (FSRR, 2005).

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (FSRR, 2005).

Case Management: Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (FSRR, 2005).

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2005).

Congregate Meal: A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and State/Local laws. (FSRR, 2005).

Disease Prevention and Health Promotion Services: Health risk assessments; routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutritional counseling and educational services for individuals and their primary caregivers; evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition; programs regarding physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, as defined in section 1471 of the Elementary and Secondary Education Act of 1965, or a community-based organization; home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services; educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act; medication management screening and education to prevent incorrect medication

and adverse drug reactions; information concerning diagnosis, prevention, treatment, and rehabilitation of diseases, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction; gerontological counseling; and counseling regarding social services and follow-up health services based on any of the services described earlier. (OAA, Sec 102 (12)).

Education and Training Service: A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, preretirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act, as amended. (OAA, Sec 302 (3)).

Home-Delivered Meal: A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2005).

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2005).

Information and Assistance: A service that: a) provides individuals with information on services available within the communities; b) links individuals to the services and opportunities that are available within the communities; c) to the maximum extent practicable, establishes adequate follow-up procedures. (FSRR, 2005).

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2005).

Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status. (FSRR, 2005).

Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (FSRR, 2005).

Outreach: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2005).

Personal Care: Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2005).

Senior Opportunities and Services: Designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (a) development and provision of new volunteer services; (b) effective referral to existing health, employment, housing, legal, consumer, transportation, and other services;

(c) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (d) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency. (OAA, Sec 321 (14)).

Transportation: Transportation from one location to another. Does not include any other activity. (FSRR, 2005).

2. Services to Caregivers

Information Services: A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2005).

Access Assistance: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2005).

Counseling: Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2005).

Respite Care: Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2005).

Supplemental Services: Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2005).

3. Facilities

Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA, Sec 102 (25)).

Multipurpose Senior Center: A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA, Sec 102 (33)).

4. Special Populations and Definitions Related to Special Populations

Adult Child with a Disability means a child who: (A) is 18 years of age or older; (B) is financially dependent on an older individual who is a parent of the child; and (C) has a disability. (OAA, Sec 102 (15)).

At Risk for Institutional Placement: With respect to an older individual, that such individual is unable to perform at least two activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 101 (45)).

Child: An individual who is not more than 18 years of age or who is an individual with a disability. (OAA, Sec. 372 (1)).

Disability: (Except when such term is used in the phrase "severe disability", "developmental disabilities", "physical or mental disability", "physical and mental disabilities", or "physical disabilities") a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (8)).

Elder Abuse, Neglect, and Exploitation: Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (23)).

- (1) **Abuse**: The willful: (a) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (b) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (13)).
- (2) Exploitation: The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belonging, or assets. (OAA, Sec 101 (24)).
- (2) **Neglect** means: (a) the failure to provide for oneself the goods or services that are necessary to
- avoid physical harm, mental anguish, or mental illness; or (b) the failure of a caregiver to provide the
 - goods or services. (OAA, Sec 102 (34)).
 - (4) **Physical Harm**: Bodily injury, impairment, or disease. (OAA, Sec 102 (36)).

Family Caregiver: An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (4)).

Frail: With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (26)).

Grandparent or other older relative caregiver of a child: A grandparent, step grandparent or other relative of a child by blood or marriage, who is 60 years of age or older and (a) lives with the child; (b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (c) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally. (FSRR, 2005).

Greatest Economic Need: The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (27)).

Greatest Social Need: The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that: (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (28)).

Grandparent or Older Individual who is a Relative Caregiver: A grandparent or stepgrandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and—(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec. 372 (3)).

Impairment in Activities of Daily Living: The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2005).

Impairment in Instrumental Activities of Daily Living: The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or standby assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability. (FSRR, 2005).

Living Alone: A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2005).

Older Individual: An individual who is 60 years of age or older. (OAA, Sec 102 (35)).

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2005).

Rural: A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2005).

Severe Disability: Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: is likely to continue indefinitely; and results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (9)).

5. Ethnic Groups

Black or African American: A person having origins in any of the black racial groups of Africa. (FSRR, 2005).

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains tribal affiliation or community attachment. (FSRR, 2005).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (FSRR, 2005).

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2005).

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2005).

Indian: A person who is a member of an Indian tribe. (OAA, Sec 102 (5)).

Native American: Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601).

Native Hawaiian: Any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778. (OAA, Sec 625).

White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2005).

6. Other Definitions

Aging and Disability Resource Center' means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing—(A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and (C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA, 102 Sec (44)).

Aging Network: The network of State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and organizations that are providers of direct services to older individuals or are institutions of higher education; and receive funding under this act. (OAA, Sec 102 (16)).

Area Agency on Aging: An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (17)).

Assistive Technology: Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (10).

Elder Justice: Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (47).

Long-term care: Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service—
(A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;

(B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and (C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (50)).

Older Americans Act: An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designed as the "Administration on Aging". (Public Law 89-73).

Planning and Service Area: An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act. (OAA, Sec 102 (37)).

Minority Provider: A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51% owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below: The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2005).

Title III: The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2) (State agencies and Area Agencies on Aging; other State agencies, including agencies that administer home and community care programs; Indian tribes, tribal organizations, and Native Hawaiian organizations; the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; and organizations representing or employing older individuals or their families) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; remove individual and social barriers to economic and personal independence for older individuals; provide a continuum of care for vulnerable older individuals; and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301).

Sources:

(FSRR) Federal and State Reporting Requirements, 2005.

(OAA) Older Americans Act, as amended.

Appendix D: Public Informational Meetings and Results

Tuesday, September 22, 2015 1:00 p.m., Lihue Neighborhood Center

	Last Name	First Name
1	Gonsalves	Patricia
2	Manago	Rosemaria
3	Kiamzon	Emrids
4	Kajiwara	Julie
5	Yago	Johnny
6	Takahashi	Kealoha
7	Lizama	Rhonda
8	Renaud	June
9	Parongao	Iris

No one from the community attended the meeting, so the public informational meeting started and adjourned at 1:20 p.m.

Thursday, September 24, 2015, 1:00 p.m., Kapaa Neighborhood Center

	Last Name	First Name
1	Lizama	Rhonda
2	Takahashi	Kealoha
3	Renaud	June

No one from the community attended the meeting, so the public informational meeting started and adjourned at 1:20 p.m.

Friday, September 25, 2015, 1:00 p.m., Kalaheo Neighborhood Center

	Last Name	First Name
1	Parker	Alice
2	Takahashi	Kealoha
3	Lizama	Rhonda
4	Renaud	June
5	Cruz	Lola

Welcome and opening remarks were made by Kealoha Takahashi, starting the meeting at 1:03 p.m.

Overview of the Plan

The purpose and overview of the meeting was presented by June Renaud. June explained that the Area Plan serves as the blueprint and framework for the next four years in the planning and development of services and programs for the older adults, people with disabilities, and their caregivers, for the County of Kaua'i.

After approval by the Mayor, plan will be forwarded to the State Executive Office on Aging to develop an overall State plan based on the Area Plans for all of the counties and will be submitted to the U.S. Administration on Aging. In order to receive our Federal funds, our Area Plan must be in compliance of the Federal requirements and initiatives.

Opportunity for public input/testimony

Alice Parker provided oral testimony and the need for a roster of opportunities to volunteer with the RSVP Program. She also stated a recent successful special project would also benefit a variety of organizations throughout the island. Ms. Parker stated she was very pleased with the Information and Referral Workers and the job they perform.

Lola Cruz testified there is a need for activities for older and moderately frail members of the Senior Club who are still able to attend club meetings at the neighborhood centers. She also suggested having more volunteer opportunities available for volunteers living on the westside of Kaua'i. Many of the volunteers are not able to make the long distance travel to Lihue.

Closing Remarks

Kealoha said anyone wishing to comment or provide additional testimony, may do so by Friday, October 2, 2015.

The public informational meeting was adjourned at 1:25 p.m.

Appendix E: Additional Costs of Providing Services Under Title III to Older Individuals Residing in Rural Areas

NOT APPLICABLE

Rural	FY 2014	Projected
Areas	Actual Costs	Costs

Appendix F: Eldercare

Eldercare

In accordance with the Older Americans Act, Section 306(a)(13), the Kauai Agency on Elderly Affairs will:

306(a)(13)(A)

maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

306(a)(13)(B)

disclose to the Commissioner and the State agency:

306(a)(13)(B)(i)

the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

306(a)(13)(B)(ii)

the nature of such contract or such relationship;

306(a)(13)(C)

demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

306(a)(13)(D)

demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

306(a)(13)(E)

on the request of the Commissioner or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

The Kauai Agency on Elderly Affairs has contracted with the following service providers to provide the necessary services:

Alzheimer's Association; County Transportation Agency; Bayada Home Health Care; Kauai Economic Opportunity, Inc.; Ohana Pacific Management dba Kauai Adult Day Health Center; Legal Aid Society of Hawaii; and Child & Family Service. The performance-based contracts with each service provider serves as the tool in which providers are paid according to units performed.

Appendix G: Evaluation	
Program Logic Model:	
Goal 1:	
Objective 1:	

Resources	Activities	Outputs	Outcomes	Measures	Data Collection
					Tool
\$	1.				
Personnel					
Equipment	2.				
Supplies					
Volunteers	3.				

Objective 2:

Resources	Activities	Outputs	Outcomes	Measures	Data Collection
					Tool
\$	1.				
Personnel					
Equipment	2.				
Supplies					
Volunteers	3.				

Appendix H:



LANGUAGE ACCESS PLAN

Name of Agency:

County of Kaua'i Agency on Elderly Affairs

Services provided:

The County of Kaua'i Agency on Elderly Affairs (KAEA) is the lead agency in the aging network for the county planning and service area. In addition, as the local AAA, the KAEA has positioned itself to be the primary agency relative to all aging issues on behalf of all older persons within the County of Kaua'i.

Mission of the Area Agency

The Kaua'i Agency on Elderly Affairs, as the designated lead County agency, plans, implements, supports and advocates for the well-being of Kauai's older adults; and serves as a one stop source of information on long term care support options and services for all residents.

Vision statements of the Area Agency

- Kauai's older adults will live independently at home or in the community with dignity and respect.
 - ~ Kauai's family caregivers receive adequate support to care for their older adults.
- Kauai's older adults, persons with disabilities and family caregivers will make informed choices and have streamlined access to long term care support.

Activities of the Area Agency

The Kaua'i Agency on Elderly Affairs, under the leadership and direction of the State Executive Office on Aging, implements a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, grants management, and monitoring and evaluation. These functions are designed to lead to the development and enhancement of a comprehensive and coordinated community-based system in, or serving each community in the planning and service area. These systems are designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible.

Target population(s):

This Language Access Plan (the Plan) addresses the need of Limited English Proficient (LEP) persons who do not speak English as their primary language and who self identifies as having a limited ability to read, write, speak or understand English. Such persons may be eligible to receive language assistance with respect to a particular service, benefit, or encounter.

Purpose of Language Access Plan:

The purpose of this language access plan is to take reasonable steps to ensure persons with limited English proficiency gain meaningful access to Agency on Elderly Affairs' services, programs, and activities.

Guidelines in providing meaningful access to LEP persons:

The Agency on Elderly Affairs will look at the totality of circumstances, including the following four factors, in determining whether to provide language services to LEP persons: (1) the number or proportion of LEP persons served in the eligible service population; (2) the frequency with which LEP persons come in contact with our services; (3) the nature and importance of the services, programs or activities that we provide; and (4) the resources that we have or the costs involved.

Procedures for providing oral language (interpretation) services:

The Agency on Elderly Affairs adopted procedures for providing oral interpretation services to LEP persons. Multilingual signage are posted in public contact places asking LEP persons to identify the language they may need to communicate effectively. The agency makes use of bilingual personnel for initial interpretation services and may use telephonic interpretation services, contract interpreters, or community or professional services as may be necessary. The agency maintains a list of its bilingual staff who are willing to provide interpretation services as well as a list of the most common languages encountered.

Specifically, the following steps are taken in providing interpretation services to LEP persons:

An individual approaches an agency staff and appears to be asking for help but has difficulty communicating what he or she needs.

- 1. When a request for an interpreter is made either orally or in writing, agency staff shall ask individual to identify the language they need using OLA multi-lingual signage. (See Attachment 4)
- 2. Agency staff shall determine whether bi-lingual staff in the office or a nearby unit is available who speaks the language being requested. (See Attachment 1)
- 3. When bilingual staff is not available, agency staff shall contact a telephone interpreter service to provide interpreter services.
- 4. When telephone interpreter service is not available, agency staff shall contact a contract interpreter.
- 5. When a contract interpreter service is not available, agency staff shall contact resources of community-based organizations.
- 6. If interpreter service is not available, agency staff shall complete the Limited English Proficiency Questionnaire (see Attachment 2) and turn in to Language Access Coordinator.

Procedures for providing written translations of vital documents to LEP groups:

The Agency on Elderly Affairs shall determine which documents are vital and shall translate the same in the languages of LEP groups who constitute 5% or 1,000; whichever is less, subject to the four-factor test.

The Agency on Elderly Affairs shall also attach multilingual notices to documents sent to LEP persons asking if they need to have the documents translated in their language, if needed. (See Attachment 3)

The Language Access Plan Coordinator will survey staff to identify departmental information that requires written translation based on the Reasonableness Test. Written translations of this information will be made available at the various worksites.

Written notice of right to receive free oral interpretation of written materials to LEP groups:

A written notice of the right to receive free oral interpretation of written materials, in their own language, shall be provided to LEP groups who meet the 5% threshold but number less than 50.

Office Notice of availability of interpretation/translation services to qualified LEP persons:

The LAP Coordinator will post a written notice at all of its worksites informing LEP persons of the availability of Interpretation/Translation Services. The staff will be surveyed to determine the most common services requested. Notices, in the most common languages identified by staff, will be developed and posted or attached to identified documents.

Data collection and reporting system:

The Agency on Elderly Affairs will collect data on services, programs, and activities accessed by the LEP population by developing forms to collect information on (a) what languages LEP persons speak, (b) what services they access from our organization, and (c) the frequency in which LEP persons use these services."

The Agency on Elderly Affairs shall maintain a record of all individuals including LEP persons encountered, including their characteristics, languages, and complaints, if any. These will be included in a report submitted annually to the funding agency. (See Attachment 6)

Evaluation and revision process:

This language access plan shall be evaluated and revised, if needed, every two years. The agency's language access coordinator/contact person shall be responsible for the evaluation and revision of the plan.

The Agency on Elderly Affairs shall develop a monthly activities report on LEP services reported, including identifying communities where LEP persons reside and their primary languages, requests for services both met and unmet, complaints and suggestions for improving the current Plan.

Staff training:

The Agency on Elderly Affairs staff, particularly those who are in contact with the public, shall be trained on the agency's language access plan. The agency's language access coordinator (or any designated person) shall be responsible for providing the training. The primary purpose of the training shall be to impart the necessary background and understanding to implement the objectives of the Plan. The training will cover: (a) the Plan; (b) the organization's policy and procedure; (c) the application of the developed information and statistical forms; and (d) the reporting requirements of the staff to the LAP Coordinator.

Language access coordinator or contact person:

Ms. Kealoha Takahashi, Program Administrator, is the agency's language access plan coordinator/contact person: call 241-4470 or email at ktakahashi@kauai.gov.

The Language Access Plan Coordinator is responsible for:

* the overall implementation of the Language Access Plan;

- * responding to any inquires or comments/complaints regarding the Language Access Plan and its implementation;
- * making any revisions and modifications to the Language Access Plan, as necessary;
- training employees by providing the proper background necessary to implement the objectives of the Language Access Plan;
- serving as the primary contact for LEP persons who need a written translation of important documents;
- * developing a survey form to collect information necessary to enable the agency to render meaningful access to its LEP persons and compile the data on a yearly basis and submit an annual report to the Director by no later than July 31, 2016 and every year at this date thereafter;
- compiling listing of multi-lingual listing of staff who would be willing to provide interpretations/translation services to LEP persons; and
- coordinating efforts to implement the Language Access Plan, monitor the Language Access Plan, evaluate the Language Access Plan, and invite stakeholders' input aimed at improving the current Language Access Plan.

Effective Date:

This plan shall take effect on December 28, 2015.

XXXIII 12 (28/15

APPROVED:

Ludvina K. Takahashi Executive on Aging

Agency on Elderly Affairs

Date

County of Kauai Multi-Lingual Listing of AEA Staff

Agency Coordinator: _Kealoha Takahashi _____ Date: _December 23, 2015

Employee's Name	Contact Phone No.	Language	Can Speak? Yes or No	Can Read? Yes or No	Please Indicate Degree of Fluency
Celia Melchor-Questin	241-4478	Ilocano	Yes	Yes	Fluent
Edith Abigania	241-4473	Ilocano	Yes	Yes	Fluent
Kealoha Takahashi	241-4474	Japanese	Yes	No	Limited to Daily Conversation
Celia Melchor-Questin	241-4478	Tagalog	Yes	Yes	Fluent

AGENCY ON ELDERLY AFFAIRS LIMITED ENGLISH PROFICIENCY (LEP) QUESTIONNAIRE

This questionnaire is to be completed by AEA Staff providing services to an individual with Limited English Proficiency. Please complete the questionnaire for each LEP individual served.

Staff Name:	Date:
Name of LEP Individual (if known):	
I. What is the primary language spoken by the LEP p (e.g., Tagalog, Ilocano, Mandarin, Japanese, Korean	
List the type of service provided this person. (e.g., permits, license, services, application, job infor	mation, project or construction information, etc.)
3. Was the program service provided within the time (Yes or No; if No, please indicate if service was due	
4. What type of LEP services did you provide this pe (e.g., oral interpretation in person or phone, written to	
5. Who provided the interpreter services? (e.g., bilingual staff, contracted interpreter, Telephon person's family member, friend, own interpreter, etc.)	
6. Was this person satisfied with the interpreter servi (e.g., Yes or No; if No, please explain)	ces provided?

Language Access Know Your Rights

Are you not able to speak, read, write or understand English well?

You have the right to be informed of, participate in and benefit from services, programs and activities offered by the Agency on Elderly Affairs that receive money from the State, even if you cannot speak, read, write or understand English well. Under the Language Access Law, when people who have trouble with English use the Agency on Elderly Affairs' services, programs and activities, the agency that receive money from the State must help them by providing free language access services, such as interpretation or translation.

If you seek a service from the Agency on Elderly Affairs and you have a limited proficiency to speak, read, write or understand English, you have the right to:

Request & receive interpreter services in your language at no cost to you.

The Agency on Elderly Affairs will provide a qualified interpreter to assist you in person or will provide a professional interpreter to assist you by telephone, if reasonable.

Request & receive vital documents translated into your language at no cost to you.

The Agency on Elderly Affairs will provide various translated material, such as applications, notices, complaint forms and outreach materials available in the non-English languages spoken by the populations they largely serve, if reasonable.

Make a complaint if you do not receive language assistance.

If you are not able to receive access to a service, program or activity in your language from the Agency on Elderly Affairs, the agency may not be in compliance with Hawai'i's Language Access Law. Please contact the **Office of Language Access** at (808) 586-8730 to make a report. Remember, you have a right to receive access to services in your language, if reasonable.



Please point here if you need an interpreter in this language (at no cost to you).



Hawai'ian: E kuhikuhi mai 'oe i 'ane' i ke pono ka mahele' ölelo ('a' ohe käki).

日本語 (Japanese): 日本語の通訳が必要な方は、ここを指差してください (通訳費用はかかりません)。

통역을 필요로 하 시면 다음 약속일 전에 반듯이 통역이 필요하다고 한국어 (Korean):

말씀하셔야합니다. 비용은 부담않하셔도됩니다.

如果您需要讲普通话的免费翻译,请指这里。(如果您需要講國語的免費翻譯,請指 普通话(华语/國語) (Mandarin):

這裡。)

如果您需要購廣東話的免費翻譯,請指這裡。 廣東話 (Cantonese):

Ilokano: No masapulmo ti paraipatarus iti Ilokano nga awan bayadna, pakitudom ditoy.

Tagalog: Kung kailangan mo ng libreng tagasalin sa Tagalog, pakituro lamang dito.

Cebuano (Visayan): Kung kinahanglan nimo ug libre nga tighubad sa Binisaya, itudlo lang diri.

Tiếng Việt (Vietnamese): Xin chỉ vào đây nếu bạn cần thông dịch viên cho ngôn ngữ này (bạn sẽ được cung cấp

thông dịch viên miễn phí).

သင်နားလည်သောကေားနှင့် ဘာသာပြန်အလိုရှိပါက ယခုနေရာသို့ညွှန်ပြပါ။ အထက်ပါစကား အတွက်နောက်တခေါက်ဆက်သွယ်ရန်လိုကောင်းလိုပါမည်။

กรุณาชี้มาที่ข้อความนี้ ถ้าคุณต้องการล่ามภาษาไทย (โดยที่คุณไม่ต้องเสียค่าใช้จ่ายใดๆ) ภาษาไทย (Thai):

ភាសាខែរ (Khmer): សូមបង្ហាញនៅគ្រង់នេះមក មើសិនជាអ្នកគ្រុវការអ្នកបកប្រែជាភាសានេះ

(អ្នកមិនត្រូវការចំណាយអ្វីទាំងអស់)។

ອັກສອນລາວ (Lao): ກະຣຸນາຊື້ໃສ່ບ່ອນນີ້ ຖ້າທ່ານຕ້ອງການລ່າມພາສາລາວ

(ໂດຍທີ່ທ່ານບໍ່ຕ້ອງເສັຽຄ່າໃຊ້ຈ່າຍໃດໆ)

Marshallese: Jouj im jitöñe ijin elañe kwoj aikuji juön am ri-ukok ilo kajin in (ejjelok wönään ñan yuk).

Chuukese: Itini awenewenan ikeei ika pwún kopwe néúnéú emén chón chiakú nón fóósun eei

fénú (kosap wisenmééni noum eei chón chiakú).

Matka pat apunta este yangen un nesisita intetpiti gi fino Chamorro (dibadi este na Chamorro:

sitbesio).

Pohnpeian: Menlau idih wasa ma ke anahne soun kawehwe (sohte isais).

Nunak munas srisrngingac acn se nge fwin kom enenu met in top nuke kahs lom an Kosraean:

sifacna (kom ac tia moli).

Fa'anra bet'uf bae' ninge ayweg nem nge abweg e thin rom (ni dabmu pii'pulwon) meere Yapese:

mog aray.

Gobe sor gare go tipeli bwo semal yebe gematfa kepatal menel le yetwai yor paluwal Yapese (Outer Island):

Samoan: Fa'amolemole tusi lou lima i'ī pe 'ā 'e mana'omia se fa'amatala'upu i le gagana lea (e te

lë totogiina se tupe).

Tuhu ki heni kapau 'e fiema'u ha taha ke fakatonulea 'oku ta'etotongi. Tongan:

Русский (Russian): Если вам нужен бесплатный переводчик русского языка, пожалуйста укажите

пальцем на это предложение.

Español (Spanish): Por favor señale aquí con el dedo si necesita un intérprete (sin ningún costo para usted).

Hawaii Language Interpretation/Translation Providers

Name Service

BILINGUAL ACCESS LINE Helping Hands of Hawai'I 2100 N. Nimitz Highway Honolulu, HI 96819 Ph: 808-526-9724 Oral interpretation Written translation

PACIFIC GATEWAY CENTER

720 N. King Street Honolulu, HI 96817 Ph: 808-851-7010 Oral interpretation
Written translation

State of Hawaii Listing of Translators: Oahu, Kauai, Maui, Hawaii http://www.thestateofhawaii.com/translator/index.html#oahu

Bilingual Access Line 2100 N Nimitz Hwy Honolulu, HI 96819-2218 (808) 526-9724 Korean-English Interpreter 45-209 Lilipuna Rd Ste A Kaneohe, HI 96744-3106 (808) 247-5339

M & G Japanese Translations 5215a Makalena St Honolulu, HI 96821-1808 (808) 373-7199 M T Lawen Language Svc 86-372 Kawili St Waianae, HI 96792-2942 (808) 696-5917

Silver Bridges Translations 810 Richards St Ste 637 Honolulu, HI 96813-4714 (808) 531-1073 Trans Perfect Translations Inc 841 Bishop St Ste 1618 Honolulu, HI 96813-3992 (808) 548-5050

Hawaii Interpreters and Translators Association - Membership Directory with contact information: http://www.hawaiitranslators.com/

AGENCY ON ELDERLY AFFAIRS LIMITED ENGLISH PROFICIENCY ANNUAL REPORT

For Calendar Year:	
Form to be completed for each calendar year and submitted to the LAP Coordinate 15 of the following year. The information will be used to determine (among other the LEP Individuals requiring translation services and types of languages translated. Let utilize the questionnaire to gather more detailed information necessary to enable the Affairs to provide meaningful access to LEP Individuals.	nings) the number of AP Coordinator will
Contact Person:	
Total LEP Individuals	Number Served
Methods used to Inform LEP Individuals of LEP Information	Yes or No
Language identification flashcard	
Posters informing LEP Individuals of language services	
Outreach documents in other languages	
Telephone Interpreters Services	
Multilanguage mailer inserts	
LEP information on website	
Other	
Types of Documents Translated	Yes or No
Applications	
Agendas/Minutes	
Letters or notices regarding public meetings	
Complaint forms	
Other:	
	I
Number of complaints filed due to language access issues:	Number of Grievances or Complaints
Please indicate number of grievances and/or complaints your agency handled during the report year due to language access issues. Pleas also provide below the date filled and a short description of the issue.	,